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REPORTS OF THE PUBLIC HEALTH COMMITTEE ON THE WORK OF THE VARIOUS INSTITUTIONS AND DEPARTMENTS UNDER ITS ADMINISTRATION FOR THE YEAR ENDED 31st DECEMBER, 1958.

*Presented to the States by Senator T. G. Le Marinel,
President of the Public Health Committee, on the
27th November, 1959.*



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STATES OF JERSEY.

27th November, 1959.

THE PRESIDENT OF THE PUBLIC HEALTH COMMITTEE presented to the Assembly Reports on the work of the various institutions and departments under its administration for the year ended 31st December, 1958.

THE STATES ordered that the said Reports be printed and that copies thereof be distributed to the Members of the Assembly.

F. DE L. BOIS,
Greffier of the States.

PUBLIC HEALTH COMMITTEE.

REPORT FOR 1958.

THE COMMITTEE is pleased to report that work on the new extension at the General Hospital commenced on 1st April and that good progress is being made.

During 1958, a Hospital Education Committee was formed and in October, Miss F. A. Vale, Assistant Education Officer of the General Nursing Council for England and Wales visited the Hospitals under the administration of the Committee in connexion with the status of the Nurses Training School in the Island and a detailed report is to be submitted to the Committee by the Council early in 1959.

In connexion with the scheme to provide additional accommodation at St. Saviour's Hospital in the form of a Working Out Ward, tenders have been received and work on the conversion of the former farm buildings at the Hospital will commence in 1959.

The Committee is pleased to record the appointment of Dr. R. L. Goodey as Deputy Medical Officer of Health. Dr. Goodey commenced his duties on 1st June, 1958, and is already rendering valuable assistance to the Medical Officer of Health both in the administrative and clinical fields.

The Committee has for a long time been concerned at the state of the teeth of the children in the

Island and it is hoped to appoint a full time School Dental Officer and to open a school dental clinic at 100 Halkett Place in 1959. The Committee is, however, of the opinion that, whilst the opening of this clinic will mark an important step forward in its efforts to institute additional preventive measures for the treatment of the teeth of our children, the services of two full time dental officers will be necessary before the required standard of dental health can be attained.

GENERAL HOSPITAL REPORTS

The reports submitted to the Committee on the work of the various Departments at the General Hospital again show that the upward trend in the number of attendances at the various clinics continues ; the figure for 1958 (75,152) being 1,216 over that for 1957.

Medical Department

Dr. Bentlif states that the number of patients sent to England for treatment has been roughly the same as in previous years. The majority of these cases are for neurological investigations and surgery and it appears that the incidence of cerebral tumour in the Island is fairly high.

There is an increase in the number of diabetics who have presented themselves for treatment in the wards or in the Out-patients department and this number is really astronomical considering the small ratio ; however, they all seem to do well and attend regularly for check-up.

The major problem, as usual, is the question of the aged sick and although, up to the present, there has been no bad crisis in the wards, Dr. Bentlif is of the opinion that within a very short time a serious situation may arise.

The number of patients seen at the Medical and Skin Clinic during the past three years was as follows—

	1958	1957	1956
<hr/>			
SKIN CLINIC			
Old patients ...	753	515	611
New patients ...	270 1,023	191 706	206 817
	<hr/>	<hr/>	<hr/>
MEDICAL CLINIC			
Old patients ...	689	592	628
New patients ...	65 754	87 679	93 721
	<hr/>	<hr/>	<hr/>

Medical Clinic

Dr. R. O'Meara reports that the number of patients attending the clinic remains remarkably steady and that it would seem that this clinic is fulfilling its need.

The total number of cases seen over the past three years was as follows—

1958	1957	1956
<hr/>	<hr/>	<hr/>
877	885	758
(including 116 new)	(including 105 new)	(including 99 new)

Surgical Department

Mr. Halliwell and Mr. Birt report that, due to a shortage of beds, the waiting list is still causing considerable concern both in the male and female wards. In the female wards there are a number of old women who have had accidents and whose relations cannot look after them at home; consequently the turn-over in the female ward is small.

In spite of the shortage of beds, no urgent case is kept waiting. All cases of cancer are admitted within a week or two and only non-urgent cases are subjected to a certain amount of selection.

Working men, who cannot work until they have had their operation are given priority.

It is stressed that should Hospital charges be abolished, this would inevitably result in the waiting list becoming still longer.

Routine statistics are as follows—

	<u>1958</u>	<u>1957</u>	<u>1956</u>
SURGICAL CLINICS			
Old patients	2,417	2,274	2,067
New patients... ..	757	1,075	1,002
ORTHOPAEDIC CLINIC			
Old patients	1,767	1,704	1,634
New patients... ..	466	445	444
OPERATIONS	1,228	1,257	1,176

During the year 1958 attendances at the Gynaecological Clinic were as follows—

Old patients	291
New patients... ..	89

Cardiac Clinic

Dr. R. O'Meara draws attention to the increase in the number of patients attending this clinic during 1958.

Six patients suffering from congenital heart disease, four of them children, were referred to the Surgical Thoracic Unit at Southampton for cardiac surgery and four of these cases were brilliantly successful.

Five patients suffering from acquired valvular heart disease were also referred to Southampton, three proved to be inoperable and, of the other two, one young man died very shortly after operation but the other case was greatly improved.

Coronary heart disease has proved to be the largest and most serious form of all types of heart disease, but the mortality rate in Jersey is materially lower than it is in England and Wales.

Patients seen at the clinic during the past three years were as follows :—

1958	1957	1956
<hr/>	<hr/>	<hr/>
818	697	598
(including 146 new)	(including 142 new)	(including 142 new)

Ear, Nose and Throat Department

Dr. L. L. Ratazzi, Ear, Nose and Throat Consultant, tendered his resignation in November.

Statistics for the past three years are as follows—

	1958	1957	1956
	<hr/>	<hr/>	<hr/>
Number of attendances ...	1,165	1,221	1,235
Number of operations	—	249	298
Number of minor operations..	—	47	37

Children's Department

Dr. H. L. Durell states that there was a severe epidemic of gastro-enteritis at the end of 1958. The original cases occurred in the Maternity Hospital and eighteen seriously ill infants were transferred to the General Hospital. Other patients were infected and some of the original cases were re-infected before the epidemic died down. The state of emergency lasted three months and might have been reduced had there been a Children's Physician at the Maternity Hospital. The disease of infantile gastro-enteritis has not occurred in the Island since 1946, when it was brought in by an infant from an English hospital.

Dr. Durell expresses the opinion that epidemics will turn up at irregular, but frequent, intervals, and stresses the need for improving and increasing the isolation facilities forthwith; in view of the fact that an epidemic could carry a very high mortality rate, the measures advocated are—

1. more cubicle space
2. adequate hand washing facilities
3. a napkin washing machine
4. one or more incubators.

There were seven deaths in the Department during 1958, and seventeen children were transferred to England for further investigations or treatment.

A study has been made of the Ministry of Health Pamphlet on Welfare of Children and where possible the recommendations are being carried out in the Department.

It is considered that the Out-Patient Department should be improved and accommodation provided for nursing mothers as the percentage of breast-feeding of infants in this Island is alarmingly low and the transfer of children to hospitals without their mothers interferes with successful continuation of breast-feeding. In this connexion, it is pointed out that, in the gastro-enteritis epidemic, none of the affected children were breast-fed. This is one of the dangers of bottle-feeding.

	1958	1957	1956
Admissions to Ward	274	250	248
NUMBER SEEN IN CLINIC			
Old patients	428	299	374
New patients	78	84	74
	<hr/> 506	<hr/> 383	<hr/> 448

Psychiatric Clinic

Dr. L. O'Meara makes the following points in connexion with the work of the Psychiatric Clinic during 1958.

Of the new patients, 60 were referred from the Medical and Surgical Wards.

129 patients were admitted to the Observation Ward, of whom 16 were certified, and 10 were discharged to England or France.

There were 25 cases of attempted suicide during the year, of which 13 were females and 12 were males.

24 patients were admitted on account of acute alcoholism.

Dr. O'Meara points out that the work of the Department continues to be hampered by lack of accommodation as owing to the shortage of beds elsewhere, many patients have to be kept in the Ward for long periods, with the further upsetting factor that violently disturbed patients may be admitted at any time of the day or night. There are some patients who are only prevented from occupying beds by being allowed to attend in the Observation Ward on a day-patient basis. A Day Hospital would help to reduce the pressure on in-patient beds.

Earlier recovery will be facilitated when accommodation is provided where electric shock and other physical treatments can be carried out at sufficiently short intervals.

There is an increasing number of old people who cannot be cared for in their own homes, of the 97 patients referred to the Department, 66 were over 60 and 3 over 90 years of age. There were only vacancies for 3 women at Sandybrook and the Male Poor Law Department can accommodate only 25 bed cases, so that badly needed beds in the Medical

Wards are occupied by the aged infirm. A few of the less infirm have been successfully boarded out, and some have been able to remain in their own homes with the aid of the Home Helps Scheme.

Statistics on the work of the Department for the past three years are as follows—

ATTENDANCES									
				1958		1957		1956	
				—		—		—	
<i>Adult Clinic</i>									
Old patients	...	...	...	2,372		2,237		1,693	
New patients	...	...	...	263	2,635	249	2,486	220	1,913
				—		—		—	
<i>Child Guidance Clinic</i>									
Old patients	...	...	...	296		411		390	
New patients	...	...	...	60	356	57	468	49	439
				—		—		—	
General Cases, mainly									
geriatric	...	...	...		97		108		106
(9 months only)									

Eye Department

Dr. G. D. Harthan reports that the main difficulty in the Orthalmic Department, with the present space available, is the complete lack of facilities for carrying out minor surgery as cases have to wait until the Clinic has ended before a couch can be carried in to act as an operating table. When the new hospital extension is completed it is hoped that the Department can be given adequate space and equipment commensurate with its importance.

Statistics on the work of the Clinic are as follows—

	1958	1957	1956	
<i>Eye Clinic</i>				
Old patients	1,938	1,756	1,745	
New patients... ..	700 2,638	627 2,383	674 2,419	
<i>Orthoptic Clinic</i>				
Old patients	712	750	722	
New patients... ..	108 820	96 846	97 819	
Number of operations ...	179	72	64	
Number of minor operations	— 179	195 267	135 199	

X-ray Department

Dr. P. A. W. Lea reports that the attendances for the year increased by 1,009 over the total for the year 1957, and that the annual attendance for 1958 was more than double that for 1948 (see graph). The X-ray Therapy attendances for 1958 were nearly the same as those for 1957.

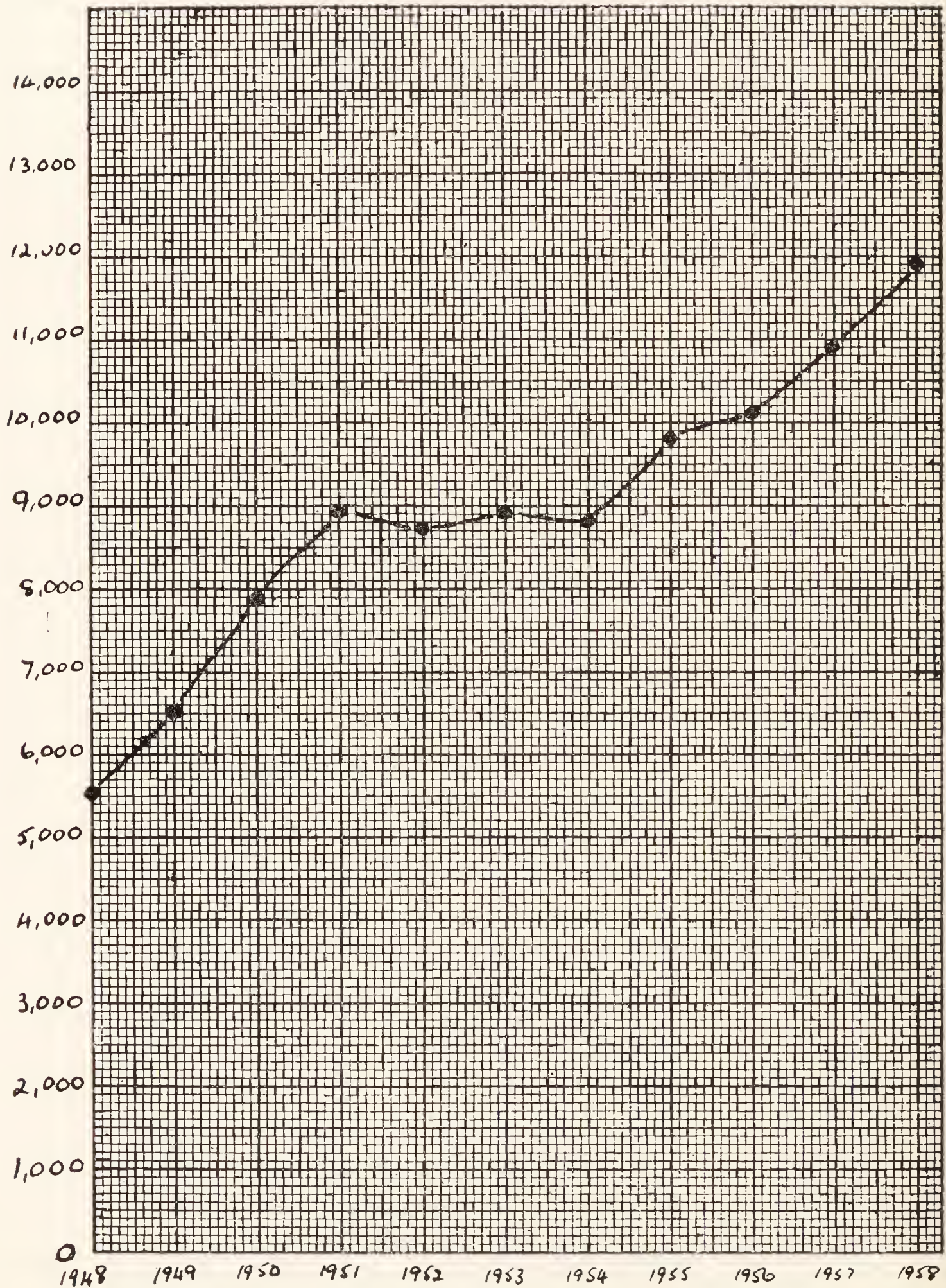
A silver recovery unit has been installed in the photographic dark room to collect metallic silver from the chemical baths used in processing the film and it is estimated that approximately £200 a year will be saved.

The Radium safe has been housed in the basement of the Hospital in view of a slight amount of radiation which passed through it, and tests show that there is absolutely no danger to anyone working in its vicinity.

Statistics for the past three years are as follows—

	1958	1957	1956
Number of cases X-rayed	11,922	10,913	10,138
Attendances for superficial X-ray Therapy treatment	80	83	122

ATTENDANCES FOR THE LAST TEN YEARS.



X-RAY DEPARTMENT,
GENERAL HOSPITAL,
JERSEY.

Casualty Department

Mr. St. John Birt reports that attendances at this Department remained approximately the same as those for 1957.

It has been found that the number of attendances doubles in the tourist season, from June to September and, for the first time, in 1958, the services of a second Casualty Officer were made available. This proved to be of great assistance in the smooth running of the Department, and it has been agreed that, in future, a second Casualty Officer should be appointed during the summer season.

	1958	1957	1956
Casualty	35,393	35,273	33,710
Out-patients ...	36,093	38,663	36,148

Dental Department

Mr. A. S. Swain reports that twenty-three of the Island's schools were visited during the year and that, of the 3,673 children examined, 1,320 children were advised to attend for treatment and 720 did so.

The figures, especially for fillings, show a decrease on 1957, due to the fact that the two dental surgeons who were running extra filling clinics both left early in the year. However, a full-time School Dental Officer is being appointed and a new clinic opened during 1959 which should make a big difference.

The usual weekly clinics were held at St. Saviour's Hospital and visits were also made to Overdale Hospital.

During the year there were five cases of fractured jaws, again a high figure, and seven cases of acute ulcerative gingivitis.

Statistics for the past three years are as follows—

	1958	1957	1956
Total attendances at Clinic	2,342	2,867	2,762
Adult attendances for extractions under anæsthetic	568	564	617
Child attendances for extractions under anæsthetic	1,062	1,261	1,252
Fillings for children	632	1,243	904
Children dentally examined at School	3,673	3,951	3,756
Number of children found to be in need of treatment	1,320	1,484	1,394
Number who attended Clinic	720	975	876

Pharmacy Department

The Chief Pharmacist reports an overall increase in the output of this Department, in particular the outpatient prescriptions show an increase of 20% and have more than doubled in the last five years. The sudden increase in the number of syringes processed and sterilised is due to the sterile syringe service being in full operation for a whole year. Hearing aid transactions have more than doubled and, should this increase be maintained, it may be necessary to recruit a part-time technician to deal exclusively with these patients. Supplies to other hospitals and States Institutions have nearly doubled due to the much greater drug usage of two hospitals.

A new undertaking for the department is that of handling, for the Ministry of Health, surgical appliance arrangements for war pensioners and the figure for 1958 is included in the statistics for the first time.

In spite of a considerable price reduction in the cortisone type of drug, the amount actually spent reached £4,700 this year, reflecting its much wider usage. Antibiotics continue to claim the largest single item in the drug budget but considerable sums

have been spent on a new oral anti-diabetic drug and a very effective oral diuretic.

The issue of Poliomyelitis Vaccine and the aseptic breakdown from bulk to small containers within a specific time limit as required by General Practitioners has caused a tremendous amount of work.

	1958	1957	1956
Number of issues to wards and departments	41,610	41,842	41,066
Dangerous drugs issued to wards and out-patients	1,100	879	605
Surgical sundries issued	10,279	9,640	9,661
Surgical instrument repairs handled..	763	609	561
Intravenous infusions, injections, etc. prepared... ..	1,535	2,265	3,140
Syringes, batches of needles, special sterilisations	39,638	14,659	8,100
Out-patient prescriptions (including N.H.S., Overdale and 3,662 pink prescriptions)... ..	32,741	28,071	23,802
Sales to individuals, priced issues to other Hospitals and States Institutions, etc.	6,830	4,272	3,380
Gas and oxygen cylinders issued ...	1,216	1,109	1,036
Urgent calls out of duty hours ...	85	44	—
Lectures to nurses by Pharmacist ...	24	24	—
Hearing Aid transactions... ..	137	61	—
Ministry of Health War Pensioners Appliance cases handled	11	—	—

Pharmacy, Poisons and Medicines (Jersey) Law, 1952

The Chief Pharmacist, who undertakes the duties of Inspector under this Law, reports as follows—

	1958	1957	1956
Visits to chemists, seedsmen, hair-dressers and drug stores	42	26	57
Visits to grocers and general stores...	102	87	76
Authorization for purchase of strychnine... ..	118	80	93
Test purchases made	11	8	3

Pathological Laboratory

Dr. Geal recalls that the laboratory has now been ten years under its present direction and that, seven years ago, the floor area was doubled by the addition of a first storey, which enabled the installation of apparatus for a whole range of new techniques and gave an excess of working area all of which has now been brought into use.

A new chemical laboratory is in process of construction in the new hospital extension and a blood transfusion department will be available again when the laboratory can be rearranged after the new building is finished.

In 1949 the total number of investigations was over 7,000 and for 1958 the number had increased to over 21,000. Further, in addition to a three-fold increase in the number of investigations there has been an increase in their complexity, which cannot be measured in numbers but only in the time spent on them. The largest increases are shown to be in the chemical and blood transfusion departments. Histological examinations, not performed previous to 1949, now number nearly 700.

During the ten year period, three locally recruited technical assistants have been trained to deal with the increase in the work and to replace one member of the staff who died. A further recruitment of a junior trainee will be necessary in the near future in the chemical department.

Some increased capital expenditure is inevitable in the coming year for new apparatus to replace that ending its useful life, and also to permit the laboratory to deal with new techniques.

It is a feature of pathological laboratory work, and a parallel may be drawn with the Fire Service, that

work is unevenly spaced and comes in rushes, and it follows that staffing must be for the maximum demand.

	<u>1958</u>	<u>1957</u>	<u>1956</u>
Total number of examinations performed	21,654	20,229	17,468

Chaplain's Report

The Reverend T. E. Fowler, in submitting his report for 1958, thanks the Matron and the Staff of the General Hospital for their ready co-operation, and expresses the hope that the Chapel will be more fully used by the patients at Evensong on Sundays.

During the year two nurses were prepared for Confirmation, two lectures were given to nurses in training and two pre-examination Services of Intercession were conducted.

In addition, patients in both the General Hospital and Overdale Hospital have been visited regularly week by week and patients in special need have been visited at any time.

Statistics—

	<u>General Hospital</u>		<u>Overdale Hospital</u>	
Communicants	Staff	202	Patients	61
	Patients	174		
Baptisms		9		—
Burials		9		—

GENERAL HOSPITAL. STATISTICAL TABLES.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1958.

IN-PATIENTS.

Number of Patients at beginning of the Year	119
Number of Patients admitted during the Year.....	3,520
Number of Patients at the end of the Year	115
Average number of Patients resident daily throughout the Year	141

ANNUAL EXPENDITURE ON IN-PATIENTS AND AVERAGE COST OF EACH IN-PATIENT PER WEEK.

	Expenditure on In-Patients	Average cost of each In-Patient per week
	£	£ s. d.
Provisions	21,233	2 17 9
Surgery and Dispensary	18,400	2 10 1
Domestic... ..	16,836	2 5 10
Salaries and Wages	100,573	13 13 7
Miscellaneous	3,595	9 9
Administration	5,971	16 3
Establishment, Renewals & Repairs	4,380	11 11
	170,988	23 5 2

GENERAL HOSPITAL. STATISTICAL TABLES.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1958.

OUT-PATIENTS DEPARTMENTS.

NEW PATIENTS AND ATTENDANCES.

Departments.	New Patients.	Attendances.
Casualty and Daily Clinics	9,654	36,093
Eye	700	2,638
E.N.T.	449	1,165
Skin	270	1,023
Medical	181	1,631
Cardiac	146	818
Surgical	757	3,174
Children	78	506
X-ray	7,793	9,869
Dental	797	2,342
Physiotherapy	757	10,191
Orthopædic	466	2,233
Psychiatry	158	2,269
Orthoptic	108	820
Gynæcological	89	380
	22,403	75,152

GENERAL HOSPITAL. **STATISTICAL TABLES.**

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1958.

OUT-PATIENTS.

Total Number of New Out-Patients	...	...	...	...	22,403
Total Number of Out-Patient Attendances	...	...	...	...	75,152

ANNUAL EXPENDITURE ON OUT-PATIENTS AND AVERAGE COST OF EACH OUT-PATIENT ATTENDANCE.

	Expenditure on Out-Patients	Average Cost of each Out-Patient Attendance
	£	d.
Provisions	2,262	7.22
Surgery and Dispensary	13,649	43.59
Domestic...	2,128	6.80
Salaries and Wages	19,816	63.28
Miscellaneous...	1,086	3.47
Administration	3,112	9.94
Establishment, Renewals & Repairs	701	2.24
	42,754	136.54

STATEMENT OF AFFAIRS
to December 31st, 1958.

General Hospital, Statement of Affairs,

	£	s.	d.	£	s.	d.
HOSPITAL BALANCES AS						
AT 1st JANUARY, 1958.						
Amount due from Paying Patients	12,152	10	9			
Amount due from Physiotherapy	1,701	1	6			
Amount due from X-ray...	1,928	7	9			
Amount due from Parishes	4,713	0	0			
	<hr/>			20,495	0	0
TREASURER OF THE STATES OF JERSEY.						
Expenditure during the twelve months to date on the following votes :						
Salaries and Wages ...	157,188	5	6			
Maintenance and Supplies	96,061	3	5			
Repairs and Renewals to Buildings and Plant and Insurance	7,964	14	10			
Pensions... ..	728	0	0			
Special Treatment Fund	2,786	1	8			
Superannuation Contributions in Suspense ...	2,257	5	7			
Special Appliances in Suspense	3	10	0			
	<hr/>			266,989	1	0
EXTRAORDINARY EXPENDITURE.						
Extension	47,833	1	3			
	<hr/>			47,833	1	3
HOSPITAL BALANCES AS						
AT 31st DECEMBER, 1958.						
Superannuation Contributions in Suspense	129	1	9			
Special Appliances in Suspense	47	17	6			
	<hr/>			176	19	3
	<hr/>			£335,494	1	6

for the Year ended 31st December, 1958.

	£	s.	d.	£	s.	d.
HOSPITAL BALANCES AS						
AT 1st JANUARY, 1958.						
Superannuation Contributions in Suspense	64	9	8			
Special Appliances in Suspense	49	7	6			
				113	17	2
TREASURER OF THE STATES OF JERSEY.						
Receipts during the 12 months to date under the following heads :						
Interest on Investments	308	17	9			
Paying Patients	23,817	17	4			
Sundries	5,780	18	6			
Parishes	15,185	7	6			
Superannuation Contributions in Suspense	2,319	18	4			
Special Appliances in Suspense	2	0	0			
				47,414	19	5
MAINTENANCE ACCOUNT.						
Hospital for twelve months to date	208,718	3	0	208,718	3	0
Appropriation Account...	3,476	16	0	3,476	16	0
EXTRAORDINARY EXPENDITURE.						
Extension	47,833	1	3			
				47,833	1	3
HOSPITAL BALANCES AS						
AT 31st DECEMBER, 1958.						
Amount due from Paying Patients	15,146	5	10			
Amount due from X-ray	3,448	18	0			
Amount due from Physiotherapy	1,772	9	7			
Special Drugs	2,150	2	9			
Sundries... ..	1,163	18	6			
Parishes	4,255	10	0			
				27,937	4	8
				<u>£335,494</u>	<u>1</u>	<u>6</u>

MALE POOR LAW DEPARTMENT. STATISTICAL TABLES.

STATISTICS FOR THE YEAR TO 31ST DECEMBER, 1958.

Number of Inmates at the beginning of the Year...	49
Number of Inmates admitted during the Year ...	59
Number of Inmates at the end of the Year	53
Average Number of Inmates resident daily throughout the Year	50

ANNUAL EXPENDITURE ON INMATES AND AVERAGE COST OF EACH
INMATE PER WEEK.

	Expenditure on Inmates.	Average Cost of each Inmate per week.
	£	£ s. d.
Provisions	4,328	1 13 2
Surgery and Dispensary	564	4 4
Domestic	1,497	11 6
Salaries and Wages	6,033	2 6 3
Miscellaneous	10	1
Administration	100	9
Establishment, Renewals & Repairs	150	1 2
	12,682	4 17 3

STATES OF JERSEY—ST. SAVIOUR'S HOSPITAL.

MEDICAL SUPERINTENDENT'S REPORT FOR THE YEAR 1958.

To THE PRESIDENT AND MEMBERS,
COMMITTEE OF PUBLIC HEALTH.

Mr. President, Deputy Mrs. Huelin and Gentlemen,

I have the honour to submit the Ninetieth Annual Report on the work of the hospital.

The following table shows the changes in the number of patients :—

	Male		Female		Total
Number resident on 1st January, 1958	92	...	140	...	232
Number admitted during the year 1958	7	...	27	...	34
Number discharged during the year 1958	6	...	22	...	28
Number deceased during the year 1958	—	...	7	...	7
Number resident on 31st December, 1958	93	...	138	...	231
Total number under treatment in 1958	99	...	167	...	266

ADMISSIONS.

Admissions fell from 49 in 1957 to 34 this year. There were 20 new and 7 old patients on the female side and on the male side the corresponding figures were but 4 and 3 respectively. Despite the reduction the problem of accommodation remains acute.

Classification by Sex and Age :						Male	Female
Over 70 years	...	...	...	...	...	—	7
50—70 years	...	...	...	...	...	3	7
30—50 years	...	...	...	...	...	3	9
15—30 years	...	...	...	...	...	—	4
Under 15 years	...	...	...	...	...	1	0

DISCHARGES.

During the year six male and twenty-two female patients were discharged, seven fewer than in 1957. The number includes four elderly ladies who went to the geriatric ward at Overdale Hospital, and one man who was transferred to Overdale temporarily for treatment of his pulmonary tuberculosis and remains there at the end of the year.

	Recovered		Relieved		Not Improved	
	M.	F.	M.	F.	M.	F.
Discharged Home...	1	4	3	14	—	—
Discharged to Poor Law Department	—	—	1	—	—	—
Discharged to Overdale Hospital	—	—	—	—	1	4
Total	1	4	4	14	1	4

DEATHS.

7 female patients died during the year, their average age being 73 years. There were no male deaths. In the case of one patient who was found dead in bed, a post-mortem examination was ordered by the Bailiff, but death was found to have been due to natural causes and no inquest was held.

HEALTH.

The general standard of health of patients and staff has been very satisfactory and there have been no outbreaks of epidemic disease. Four female

patients unfortunately sustained fractures of the lower limb in accidental falls, and two of the men broke a wrist and a collar-bone respectively. One lady also dislocated a shoulder. Screening of the patients by the Medical Officer of Health in October disclosed an early carcinoma of the lung in one of the men, and reactivation of old tuberculosis in another male patient.

CHARGEABILITY.

The chargeability of patients remaining under treatment at the end of the year is as follows :—

CLASS.					Male		Female		Total
First	...	...	...	...	3		4		7
Second	...	...	...	...	2	...	17	...	19
Third	...	...	...	...	2	...	16	...	18
Special Rates...	...	...	...	...	—	...	1	...	1

RATE-AIDED.

Island	...	...	...	...	7	...	23	...	30
St. Helier	...	...	...	...	50	...	46	...	96
St. John	...	...	...	...	—	...	1	...	1
St. Saviour	...	...	...	...	4	...	8	...	12
St. Lawrence	...	...	...	...	4	...	4	...	8
St. Martin	...	...	...	...	4	...	5	...	9
St. Ouen	...	...	...	...	7	...	1	...	8
St. Clement	...	...	...	...	2	...	1	...	3
St. Peter	...	...	...	...	3	...	1	...	4
Grouville	...	...	...	...	2	...	1	...	3
St. Brelade	...	...	...	...	2	...	6	...	8
Trinity	...	...	...	...	1	...	2	...	3
St. Mary	...	...	...	...	—	...	1	...	1
					93		138		231

MAISON DE LA MARTINE.

	Boys	Girls	Total
Number resident on 1st January 1958	15 ...	8 ...	23
Number admitted during the year 1958	1 ...	— ...	1
Number discharged during the year 1958... ..	2 ...	1 ...	3
Number deceased during the year 1958... ..	— ...	— ...	—
Number resident on 31st December 1958	14 ...	7 ...	21

Of the three discharges, one boy and one girl were transferred under certificate to the main hospital; the other boy was able to join his brothers in the care of foster parents.

Eight children have attended the Occupation Centre in St. Helier regularly. It is becoming apparent that, with the facilities afforded by the Occupation Centre, parents with subnormal children are more able to cope with them at home, and admission to the Maison de la Martine is likely to be sought for the severely subnormal only. Yet the majority of the children attending the Occupation Centre now will require institutional care when they are older.

STAFF.

The male nursing staff has been maintained throughout the year at satisfactory strength. The admission from H.M. Prison of a patient, who was charged with a grave offence, and who because of his mental state requires continuous special observation, has necessitated an increase in the number of the male nurses. Even so, the presence of this one patient, who is in a category by himself, limits the recreational activities provided for the patients generally in so far as these have to be supervised by nursing staff.

On the female side, Sister Monaghan has resigned on taking up a post abroad and Staff Nurse Kelland has been promoted to fill the vacancy. We have been unfortunate in losing the services, for various reasons, of several staff nurses and are finding them more than usually difficult to replace, but it is heartening that there have been more local applicants for posts as nursing assistants.

There have been further changes in the Occupational Therapy Department. Miss Carter resigned, also to go abroad, and has been replaced by Mrs. Hamilton, who, although not in possession of her diploma, has had many years of experience in teaching handicrafts to mentally handicapped patients.

ENTERTAINMENTS.

The programme of entertainments has been well up to standard. The patients enjoy the daily television programmes especially now that the projection receivers formerly installed have been replaced by normal 21" instruments which are much more satisfactory.

To the management of the Odeon Cinema and the Directors of the Green Room Club I would express my sincere appreciation of their generosity in inviting groups of patients to cinema and theatre in town on many occasions during the year. For those patients who are unable to leave the hospital, the Young Farmers' Club gave excerpts from their Christmas pantomime.

The usual picnics and coach drives took place during the summer but were somewhat marred by inclement weather.

Christmas this year was enhanced by the presentation of a series of beautiful tableaux and an exhibition of bellringing by members of St. Mark's Church.

The children from Grouville School again came to sing carols, and the girls from Rouge Bouillon School sent Christmas presents and stockings to the Maison de la Martine.

DIVINE SERVICE.

The usual Church of England services have been conducted by the Vicar of Gouray. An innovation this year is a Sunday evening mass for Roman Catholic members of the hospital staff, in addition to the services for the patients.

GROUND AND GARDENS.

The grounds and gardens continue to be well maintained. Now that the front field has been reconstructed as a sports ground, the greensward provides a park-like setting which adds to the attractive appearance of the hospital. Farm produce and vegetables raised on the hospital land were this year valued at £2,090 15s. 5d. at market prices, and the vegetable garden tended almost entirely by male patients is deserving of special mention for the wonderful crops it has produced.

REPAIR AND UPKEEP OF BUILDINGS.

The main buildings have been kept in a good state of repair and where redecoration has been carried out light and pleasing colours have been chosen. The Maison de la Martine, however, raises problems of maintenance which are not easy to overcome.

HEAT, LIGHT, POWER AND WATER.

These services have been satisfactorily maintained during the year. The water supply has been improved by the tapping of a fresh source; three bore-holes have been sunk near the Nurses' Home and are yielding a flow which should be adequate to make good past deficiencies.

Favourable reports have been received from the Insurance Company's inspector on the state of the plant and the maintenance work.

It gives me great pleasure to write what I often have the pleasure of saying—that my work is rendered lighter by the conscientious and devoted manner in which all members of the staff carry out their duties. I am most grateful to them for their unstinted and willing service. Last, but not least, I wish to record my appreciation of the generous support accorded me by the President and Members of the Public Health Committee.

I have the honour to remain,

Your obedient servant,

JOHN WISHART,

B.A., M.B., B.S., M.R.C.S., L.R.C.P., D.P.M.,

Medical Superintendent.

St. Saviour's Hospital—Statement of Affairs,

	£	s.	d.	£	s.	d.
HOSPITAL BALANCES AT 1st JANUARY, 1958.						
Amounts due from Parishes	5,814	7	6			
Amounts due from Pen- sionnaires	2,229	12	9			
				8,044	0	3

TREASURER OF THE STATES OF JERSEY.

Expenditure on the following
Votes :—

RENTAL, Queen's Farm and Land	244	0	0
SALARIES AND WAGES ...	46,910	8	2
PENSIONS TO RETIRED EMPLOYEES... ..	1,229	14	0
REPAIRS AND UPKEEP OF BUILDINGS	2,893	1	11
MAINTENANCE AND SUP- PLIES	41,295	15	0
CONVERSION OF BOILERS..	1,187	18	6
CONVERSION OF FARM BUILDINGS	274	0	0

94,034 17 7

£102,078 17 10

Year ended 31st December, 1958.

	£	s.	d.	£	s.	d.
TREASURER OF THE STATES OF JERSEY.						
Receipts on the following Estimates during the year to date.						
RECEIPTS FROM PAYING						
PATIENTS	8,109	9	6			
SUNDRY RECEIPTS ...	914	10	8			
PARISHES	22,086	18	6			
				31,110	18	8
MAINTENANCE, APPROPRIATION AND FARM ACCOUNTS.						
Nett Cost Twelve months to date						
MAINTENANCE	56,333	4	5			
APPROPRIATION	6,665	2	7			
	62,998	7	0			
FARM, deduct Credit...	5	5	7			
				62,993	1	5
HOSPITAL BALANCES AT 31st DECEMBER, 1958.						
AMOUNTS DUE FROM						
PARISHES... ..	5,884	10	0			
NETT AMOUNTS DUE						
FROM PENSIONNAIRES	2,090	7	9			
				7,974	17	9
				£102,078	17	10

St. Saviour's Hospital—Maintenance Account

	£	s.	d.	£	s.	d.
TO ORDINARY EXPENDITURE.						
1. PROVISIONS	21,312	9	0	21,312	9	0
2. SURGERY & DISPENSARY.						
Drugs, Chemicals and						
Disinfectants	1,724	7	0			
General Equipment...	127	9	8	1,851	16	8
3. DOMESTIC.						
Furniture and Fix-						
tures, Renewal and						
Repairs	769	14	8			
Patients' Clothing ...	2,280	15	9			
Bedding and Drapery	598	5	10			
Rent, Light, Heat,						
Power, Insurance, etc.	10,004	11	4			
Uniforms, Staff ...	242	9	5			
Occupational Therapy	970	18	1	14,866	15	1
4. SALARIES, WAGES AND						
AND PENSIONS.						
Other Officers and						
Employees	40,586	8	11			
Pensions to Retired						
Employees	1,229	14	0			
Medical and Dental						
Treatment of Pa-						
tients	2,155	15	4	43,971	18	3
5. MISCELLANEOUS						
General and Miscella-						
neous Expenses ...	374	16	4			
Travelling Expenses...	587	10	2			
Maintenance Allow-						
ances	290	15	5			
Newspapers, Periodi-						
cals and Press Notices	191	3	2			
Funerals, Inmates ...	11	3	0			
Patients' Pocket Money	844	6	0	2,299	14	1
Carried forward...				£84,302	13	1

Year ended 31st December, 1958.

	£	s.	d.	£	s.	d.
BY INCOME.						
Charges to In-Patients and Parishes	30,127	5	6			
BY BALANCE, being nett cost of the Institution to date (maintenance of pa- tients only) carried to Statement of Affairs...	56,333	4	5			

STATISTICS FOR UNIT OF COST.

Number of Days in Period ...	365.
Number of Paying Patient Days ...	79,436.
Number of Non- Paying Patient Days	13,013.
Average Cost per patient per day.	18/8.45d.
Average Receipt per paying pa- tient per day ...	7/7.023d.

Carried forward... £86,460 9 11

St. Saviour's Hospital—

	£	s.	d.	£	s.	d.
Brought forward...				84,302	13	1
6. ADMINISTRATION.						
Medical Superinten-						
dent... ..	1,750	0	0			
Postages, Telegrams						
and Telephones ...	236	10	8			
Books and Stationery..	67	19	0	2,054	9	8
7. ESTABLISHMENT.						
Chaplain	100	0	0			
Carriage, Freights and						
Wharfage	3	7	2	103	7	2
				<u>£86,460</u>	<u>9</u>	<u>11</u>

APPROPRIATION ACCOUNT.

	£	s.	d.	£	s.	d.
TO EXTRAORDINARY EXPENDITURE.						
Repairs and Upkeep of						
Buildings	4,852	11	0			
Roads, Avenues and						
Gardens, Repairs						
and Upkeep	350	13	1			
Conversion of Boilers						
from Coal to Oil						
Firing	1,187	18	6			
Conversion of Redun-						
dant Farm Buildings	274	0	0			
				<u>6,665</u>	<u>2</u>	<u>7</u>

FARM ACCOUNT

	£	s.	d.	£	s.	d.
TO GENERAL EXPENSES, labour,						
fertilisers, etc... ..	2,255	7	4			
TO BALANCE, being Excess of						
Income over Expenditure	5	5	7	<u>£2,260</u>	<u>12</u>	<u>11</u>

Maintenance Account—(*continued*).

	£	s.	d.
Brought forward...	86,460	9	11

£86,460	9	11
---------	---	----

APPROPRIATION ACCOUNT.

	£	s.	d.	£	s.	d.
BY BALANCE, carried to State-						
ment of Affairs	6,665	2	7			

£6,665	2	7
--------	---	---

FARM ACCOUNT.

	£	s.	d.	£	s.	d.
BY SALES, Hay, etc.... ..	169	17	6			
BY SUPPLIES to the Institution,						
Vegetables, Eggs, Pork,						
etc.	2,090	15	5			
				£2,260	12	11

THE JERSEY MATERNITY HOSPITAL.

During the year 1958, the total number of women delivered at the Jersey Maternity Hospital was 844 and the number of booked cases was 347. These figures compare with 720 and 294 respectively for 1957. Details of the cases dealt with are as follows :—

	1958	1957
Number of deliveries with medical aid	52	38
Do. forceps... ..	72	52
Do. by doctors	351	258
Do. by midwives	493	412
Do. by Cæsarean Sec- tion	36	46

In addition, there were 6 cases of delivery at home before the arrival of the midwife.

Total number of live births—

1958	1957
Boys ... 441	Boys ... 330
Girls ... 394 835	Girls ... 381 711
(including 8 sets of twins)	(including 7 sets of twins)
(a) 4 sets—I male and 1 female	(a) 1 set—I male and 1 female
(b) 2 sets—males	(b) 3 sets—males
(c) 2 sets—females	(c) 3 sets—females

The number of stillbirths was 18, due to the following causes :—

(a) Macerated foetus	2 Males and 1 Female
(b) Foetal strangulation	1 Male and 2 Females
(c) Asphyxia in Utero	2 Males and 1 Female
(d) Placental insufficiency	2 Males and 3 Females
(e) Abnormality	1 Female
(f) Prematurity	1 Male
(g) Asphyxia due to prolapsed cord	2 Females
(h) B.B.A. Macerated female foetus	1 Female

The number of Neo-Natal deaths was 8, due to the following causes :—

- 1 Male Premature due to Toxaemia
- 1 Male Prematurity
- 2 Females Prematurity
- 2 Males Atelectasis
- 1 Male }
- 1 Female } Prematurity Twin Pregnancy

In addition, 107 circumcisions were performed at the hospital and 114 operations for rupture of membranes.

Attendances at the Out-Patient Department were—

1958	1957
<hr/>	<hr/>
1,439	1,259

SANDYBROOK HOSPITAL.

I have the honour to submit to you my report on Sandybrook Hospital for the year 1958.

It was with great pleasure that in March we had the honour of a visit by the Lieutenant Governor Admiral Sir Gresham and Lady Nicholson who made a very thorough inspection of the Hospital.

Two spheres of the medical care of the old ladies were very satisfactorily covered by the appointment of a chiropodist, Mr. Hannam, M.Ch.S. (whose remuneration incidentally is from the Comforts fund); and of a physiotherapist, Mr. Nicholas, M.C.S.P., who by his intensive efforts has added to the number of ambulatory patients—a most satisfactory and encouraging beginning.

We were happy also to welcome a visit from Miss Vale of the General Nursing Council of England and Wales.

I would like to take this opportunity of thanking on behalf of Matron, her staff and patients, those who spend so much time voluntarily in ministering to the general comforts at Sandybrook. In particular Mrs. Whittle who continued her weekly visits with the library of the Red Cross Society, Mrs. Pearson who has weekly supplied flowers from her garden, and Mrs. Gorden with her “travelling shop” each week.

These have all helped to make for a happy and contented atmosphere in the wards.

	1958	1957
Number of patients at beginning of the year	79	88
Number of patients admitted during the year	29	16
Number of patients in at the end of the year	80	79
Average daily resident	81	83
Number discharged, not including deceased	6	12
Number deceased	23	13
Average age of deceased	80 $\frac{5}{6}$	84 $\frac{5}{12}$

May I again thank you and the Committee for the sympathetic support I have received from you throughout the year.

J. OLIVER CLYDE,
Visiting Physician.

SANDYBROOK ANNEXE.

STATISTICAL TABLES.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1958.

Number of Inmates at the beginning of the Year.....	79
Number of Inmates admitted during the Year	29
Number of Inmates at the end of the Year	80
Average number of Inmates resident daily throughout the Year	81

ANNUAL EXPENDITURE ON INMATES AND AVERAGE COST OF EACH INMATE PER WEEK.

	Expenditure on Inmates.		Average Cost of each Inmate per week.		
	£	...	£	s.	d.
Provisions	5,961	...	1	8	3
Surgery and Dispensary	1,363	...		6	5
Domestic	5,051	...	1	3	11
Salaries and Wages	18,733	...	4	8	9
Miscellaneous	200	...			11
Administration	265	...		1	3
Establishment, Renewals and Repairs	1,533	...		7	3
	<u>33,106</u>		<u>7</u>	<u>16</u>	<u>9</u>

AMBULANCE SERVICE.

During 1958, the St. John Ambulance Service in Jersey covered 32,553 miles, and dealt with 4,038 cases. This is an increase of 475 cases on 1957. Distance covered increased by 4,957 miles on 1957.

The number of persons injured in motor vehicle accidents increased by 23 to 69.

Other accidents dealt with and not mentioned in categories, total 206 and include collapses and accidents in the home or at work.

Arrangements for the reception of patients travelling to England from Jersey, and visitors returning home after having met with an accident or having been taken ill whilst on holiday, necessitated contacting ambulance services in England on 39 occasions.

The detailed statement for 1958, compared with that of the previous year, is as follows :—

SERVICE	1958	1957
General	1,792	1,814
Maternity	65	49
Accidents	537	557
X-Ray	279	264
Fever	41	28
Special Treatment	1,143	688
Mortuary	100	77
Patients by Air	65	59
Patients by Steamer	16	27
	<hr/> 4,038	<hr/> 3,563

ROAD ACCIDENTS.

Motor vehicles	69	...	46
Motor cycles	85	...	82
Bicycles	43	...	43
Pedestrians... ..	134	...	128
	<hr/>		<hr/>
	331		299
	<hr/>		<hr/>

The number of night calls (10 p.m.—7 a.m.) dealt with in 1958 totalled 277. Three of the calls were answered and dealt with by Police driving an ambulance.

A total of 1,850 gallons of petrol and 65 quarts of oil were consumed by the vehicles on service.

The number of cases conveyed by the Voluntary Hospital Car Service was 1,071.

H. E. STEPHENS,
Deputy Commissioner.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1958.

I have the honour to present the Annual Report on the health of the Island of Jersey for the year 1958.

The year has been a notable one, in that approval has now been given to the appointment of a whole-time School Dentist and by the time this report is written, the officer will have already taken up his appointment.

There will still be work for another dentist and most important of all, the need for fluoridation of our water supplies is as great as ever. In the past, in many parts of the world, new health measures that have done incalculable good and saved countless lives, have met with much opposition at first. It is probable that when the full history of fluoridation comes to be written, it will be recorded that never did a more harmless and yet more beneficial health measure, meet with such unscrupulous opposition. Fluoridation is worth ten dentists to the Island ; does no harm and must do much good. Every whit of opposition against the measure is based on falsehoods. It is a remarkable fact that such a campaign of demonstrable lies should have been allowed to sway the minds of so many for so long. It is to be hoped that Jersey will soon take a stand against this evil propaganda and begin to enjoy the fruits of better dental health.

The conditions under which people live have always been the concern of the Medical Officer of Health and it is sad to record that the true knowledge of the facts as they affect those living in Jersey is still

limited by lack of staff. Just as a doctor cannot run a hospital without a matron and nursing staff, so a Medical Officer of Health cannot properly discharge his responsibilities without an adequate number of sanitary inspectors.

Dr. R. L. Goodey, the new Deputy Medical Officer of Health, took up his duties on 1st July 1958 and has proved to be a very efficient and loyal colleague.

The report that follows covers in varying degree, all departments that are directly or indirectly the concern of the Medical Officer of Health. One new feature of the report is a survey of the smoking habits of the Island. Excessive smoking of cigarettes causes much illness and many unnecessary deaths and in respect of excessive smoking, it will be seen that Jersey leads the world. Steps to remedy this situation are of vital importance.

GENERAL STATISTICS.

Area (acres)	28,717
Population (estimated mid-year)	57,000
Number of persons per acre	2
Marriage rate per 1,000 estimated population	17.9
Deaths	772
Death rate per 1,000 estimated population ...	13.5
Comparability factor	0.87
Standardised death rate	11.8
Live births... ..	942
Live birth rate per 1,000 estimated population	16.5
Still-births... ..	22
Still-birth rate per 1,000 live and still births...	22.8
Total live and still-births... ..	964
Infant deaths	17
Infant mortality rate per 1,000 live births total	18.0
Infant mortality rate per 1,000 live births legitimate	16.8
Infant mortality rate per 1,000 live births illegitimate	40.8
Neo-natal mortality rate per 1,000 live births...	12.7

Illegitimate live births per cent of total live births	5.2
Maternal deaths (including abortion)	2
Maternal mortality rate per 1,000 live and still-births	2.1
Malignant disease (Cancer) (all forms) mortality rate per 1,000 estimated population	2.5
Tuberculosis (all forms) mortality rate per 1,000 estimated population	0.14

THE POPULATION.

The estimated mid-year resident population was 57,000. This figure has been arrived at by taking the resident population of the Census year of 1951 of 56,160 and adding to it the births that have taken place in the island since 1951 and subtracting the deaths. The figure last year was 56,831.

THE MARRIAGE RATE.

There were 511 marriages during 1958 giving a marriage rate (or persons married per 1,000 estimated population) of 17.9 as against 18.1 last year.

THE BIRTH RATE.

942 live births were registered during the year, giving a birth rate of 16.5 per 1,000 estimated population. This is the highest rate since 1948 when it was 16.9. There were 833 in 1957 when the rate was 14.6. 49 or 5.2% of the total live births were illegitimate.

THE DEATH RATE.

The total number of deaths registered was 772 (382 males and 390 females) giving a crude death rate of 13.5 per 1,000 estimated population, the highest since 1945. Deaths during 1957 numbered 754 when the rate was 13.3.

The comparability figure, when multiplied by the crude death rate gives the death rate we would have

had if the age and sex distribution was the same as that of England and Wales as a whole. In our case, the figure is 0.87 which gives us a standardised death rate of 11.8 as against 11.6 last year.

The percentage of total deaths occurring at ages 65 and upward was 69.8; at ages 75 and upward 45.6. The average age at death was 66 for males and 72 for females.

These figures again include the deaths of many visitors, usually invalids sent over here to convalesce. Many of these "foreign" deaths are due to coronary thrombosis and inflate our figures for this disease very considerably. In return, we lack the deaths of Jersey residents who have died in England, often at some surgical centre. This loss has deflated our figures, especially for cancer. It is to be hoped that arrangements for inwards and outwards transfers of deaths will soon be completed. Without this arrangement, accurate statistics are impossible.

INFANT MORTALITY AND STILL-BIRTHS.

During the first year of life, 17 children died, giving an infant mortality rate of 18.0 per 1,000 live births. This is the lowest rate since 1913, when it was first recorded in Jersey. Last year the rate was 24.0 per 1,000 live births. The deaths during 1958 were distributed as follows:—

Under 7 days	...	...	...	...	10
7—28 days...	...	...	...	...	2
28 days to 3 months...	...	...	...	...	2
3 months to 1 year	...	...	...	...	3

The neo-natal deaths, or deaths within the first four weeks of life number 12 or 71% of the deaths in the first year. This is a neo-natal death rate of 12.7 per 1,000 live births as against 21.6 last year. Of these deaths 8, or 67% were attributed to prematurity.

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age : latest available year, 1958.

List No. (1)	Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2)	MALE																		
		All ages (3)	Under 1 year (4)	1—4 years (5)	5—9 years (6)	10—14 years (7)	15—19 years (8)	20—24 years (9)	25—29 years (10)	30—34 years (11)	35—39 years (12)	40—44 years (13)	45—49 years (14)	50—54 years (15)	55—59 years (16)	60—64 years (17)	65—69 years (18)	70—74 years (19)	75 years and over (20)	Age not stated (21)
	All causes	382	11	—	3	—	4	4	5	1	2	5	12	24	35	32	44	52	147	1
1	Tuberculosis of respiratory system	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	—
2	Tuberculosis, other forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	Syphilis and its sequelae.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Dysentery, all forms.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Scarlet fever and streptococcal sore throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13	Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	Measles.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15	Typhus and other rickettsial diseases.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16	Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	Other infective and parasitic diseases.....	2	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—
18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	64	—	—	—	—	—	—	1	1	1	—	3	8	9	10	6	9	16	—
19	Benign and unspecified neoplasms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20	Diabetes mellitus	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
21	Anaemias	2	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—
22	Vascular lesions affecting central nervous system.....	35	—	—	—	—	—	—	—	—	1	1	2	5	1	3	6	16	—	—
23	Nonmeningococcal meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24	Rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25	Chronic rheumatic heart disease.....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
26	Arteriosclerotic and degenerative heart disease	75	—	—	—	—	—	—	—	—	—	—	2	3	8	12	10	9	31	—
27	Other diseases of heart.....	18	—	—	—	—	—	—	—	—	—	—	—	2	1	—	3	2	10	—
28	Hypertension with heart disease.....	7	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	2	2	—
29	Hypertension without mention of heart	11	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	8	—
30	Influenza	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—
31	Pneumonia	29	—	—	2	—	—	—	1	—	—	—	—	1	4	—	2	4	15	—
32	Bronchitis	17	—	—	—	—	—	—	—	—	1	—	1	—	—	—	4	6	5	—
33	Ulcer of stomach and duodenum	6	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	3	1	—
34	Appendicitis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
35	Intestinal obstruction and hernia	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn.....	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
37	Cirrhosis of liver	5	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	3	—
38	Nephritis and nephrosis	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
39	Hyperplasia of prostate	9	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	8	—
40	Complications of pregnancy, childbirth and the puerperium.....																			
41	Congenital malformations	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
42	Birth injuries, postnatal asphyxia and atelectasis.....	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
43	Infections of the newborn	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
44	Other diseases peculiar to early infancy, and immaturity unqualified.....	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45	Senility without mention of psychosis, ill-defined and unknown causes.....	16	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	11	1
46	All other diseases (Residual)	24	1	—	—	—	—	—	—	—	—	—	—	2	—	1	8	4	8	—
47	Motor vehicle accidents	10	—	—	1	—	2	1	1	—	—	—	1	—	—	1	1	—	2	—
48	All other accidents	13	—	—	—	—	2	—	2	—	—	2	2	1	1	1	1	—	1	—
49	Suicide and self-inflicted injury.....	13	—	—	—	—	—	3	—	—	1	1	3	1	2	1	1	—	—	—
50	Homicide and operations of war.....	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age : latest available year, 1958.

Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death).		FEMALE																		
List No. (1)	(2)	All ages (3)	Under 1 year (4)	1—4 years (5)	5—9 years (6)	10—14 years (7)	15—19 years (8)	20—24 years (9)	25—29 years (10)	30—34 years (11)	35—39 years (12)	40—44 years (13)	45—49 years (14)	50—54 years (15)	55—59 years (16)	60—64 years (17)	65—69 years (18)	70—74 years (19)	75 years and over (20)	Age not stated (21)
	All causes	390	6	—	—	—	—	3	1	5	3	5	5	10	20	35	39	52	205	1
1	Tuberculosis of respiratory system	3	—	—	—	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—
2	Tuberculosis, other forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	Syphilis and its sequelae.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Dysentery, all forms.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Scarlet fever and streptococcal sore throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13	Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	Measles.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15	Typhus and other rickettsial diseases.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16	Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	Other infective and parasitic diseases.....	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	78	—	—	—	—	—	—	—	—	1	3	5	4	7	12	6	14	26	—
19	Benign and unspecified neoplasms	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20	Diabetes mellitus.....	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
21	Anaemias	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	4	—
22	Vascular lesions affecting central nervous system.....	73	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1	1	—	—
23	Nonmeningococcal meningitis	—	—	—	—	—	—	—	—	—	—	—	—	1	1	6	9	7	48	—
24	Rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25	Chronic rheumatic heart disease.....	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
26	Arteriosclerotic and degenerative heart disease	73	—	—	—	—	—	—	—	1	—	—	—	1	—	1	—	2	1	—
27	Other diseases of heart.....	9	—	—	—	—	—	—	—	1	—	—	—	—	3	7	12	8	42	—
28	Hypertension with heart disease.....	13	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3	—	4	—
29	Hypertension without mention of heart	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	10	—
30	Influenza	4	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	4	—
31	Pneumonia	21	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—
32	Bronchitis	10	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	6	11	—
33	Ulcer of stomach and duodenum	3	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	7	—
34	Appendicitis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—	—
35	Intestinal obstruction and hernia	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn.....	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	—
37	Cirrhosis of liver	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	2	—
38	Nephritis and nephrosis	1	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—
39	Hyperplasia of prostate	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
40	Complications of pregnancy, childbirth and the puerperium.....	2	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—
41	Congenital malformations	2	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
42	Birth injuries, postnatal asphyxia and atelectasis.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
43	Infections of the newborn	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
44	Other diseases peculiar to early infancy, and immaturity unqualified.....	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45	Senility without mention of psychosis, ill-defined and unknown causes.....	22	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
46	All other diseases (Residual)	33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21	1
47	Motor vehicle accidents	1	—	—	—	—	—	—	—	—	1	—	—	2	3	1	5	4	17	—
48	All other accidents	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—
49	Suicide and self-inflicted injury.....	2	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—
50	Homicide and operations of war.....	1	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—

Deaths (exclusive of foetal deaths) cross-classified by cause and sex : latest available years, 1954 to 1958.

List No. (1)	Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2)	1954			1955			1956			1957			1958		
		Both sexes (3)	Male (4)	Female (5)	Both sexes (6)	Male (7)	Female (8)	Both sexes (9)	Male (10)	Female (11)	Both sexes (12)	Male (13)	Female (14)	Both sexes (15)	Male (16)	Female (17)
	All causes	734	377	357	720	354	366	740	393	347	754	397	357	772	382	390
1	Tuberculosis of respiratory system	17	11	6	6	4	2	5	3	2	6	6	—	8	5	3
2	Tuberculosis, other forms	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
3	Syphilis and its sequelae	1	—	1	6	1	5	—	—	—	3	2	1	—	—	—
4	Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Dysentery, all forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Scarlet fever and streptococcal sore throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	Acute poliomyelitis	—	—	—	2	1	1	—	—	—	—	—	—	—	—	—
13	Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	Measles	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—
15	Typhus and other rickettsial diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16	Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	Other infective and parasitic diseases	3	1	2	3	1	2	—	—	—	1	—	1	3	2	1
18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	142	63	79	144	64	80	124	75	49	156	91	65	142	64	78
19	Benign and unspecified neoplasms	—	—	—	2	2	—	—	—	—	2	1	1	1	—	1
20	Diabetes mellitus	3	2	1	6	3	3	7	2	5	5	2	3	7	1	6
21	Anaemias	4	3	1	4	1	3	5	2	3	8	2	6	5	2	3
22	Vascular lesions affecting central nervous system	102	42	60	78	29	49	83	32	51	107	49	58	108	35	73
23	Nonmeningococcal meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24	Rheumatic fever	2	—	2	—	—	—	—	—	—	1	1	—	—	—	—
25	Chronic rheumatic heart disease	—	—	—	12	6	6	3	1	2	1	—	1	6	1	5
26	Arteriosclerotic and degenerative heart disease	178	103	75	133	72	61	142	78	64	130	80	50	148	75	73
27	Other diseases of heart	7	6	1	19	11	8	33	17	16	24	16	8	27	18	9
28	Hypertension with heart disease	32	19	13	24	10	14	23	9	14	32	15	17	20	7	13
29	Hypertension without mention of heart	1	1	—	5	4	1	5	4	1	9	4	5	17	11	6
30	Influenza	2	1	1	2	1	1	9	6	3	10	4	6	7	3	4
31	Pneumonia	43	21	22	33	16	17	42	25	17	34	17	17	50	29	

TABLE III.

Deaths (exclusive of foetal deaths) cross-classified by cause and type of certification :
latest available year, 1958.

List No. (1)	Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2)	Type of Certification			
		Total (3)	Medical (4)	Other (5)	Not Stated (6)
	All causes	772	723	48	1
1	Tuberculosis of respiratory system	8	8	—	—
2	Tuberculosis, other forms	—	—	—	—
3	Syphilis and its sequelae	—	—	—	—
4	Typhoid fever	—	—	—	—
5	Cholera	—	—	—	—
6	Dysentery, all forms	—	—	—	—
7	Scarlet fever and streptococcal sore throat	—	—	—	—
8	Diphtheria	—	—	—	—
9	Whooping cough	—	—	—	—
10	Meningococcal infections	—	—	—	—
11	Plague	—	—	—	—
12	Acute poliomyelitis	—	—	—	—
13	Smallpox	—	—	—	—
14	Measles	—	—	—	—
15	Typhus and other rickettsial diseases	—	—	—	—
16	Malaria	—	—	—	—
17	Other infective and parasitic diseases	3	3	—	—
18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	142	142	—	—
19	Benign and unspecified neoplasms	1	1	—	—
20	Diabetes mellitus	7	7	—	—
21	Anaemias	5	5	—	—
22	Vascular lesions affecting central nervous system	108	108	—	—
23	Nonmeningococcal meningitis	—	—	—	—
24	Rheumatic fever	—	—	—	—
25	Chronic rheumatic heart disease	6	6	—	—
26	Arteriosclerotic and degenerative heart disease	148	148	—	—
27	Other diseases of heart	27	27	—	—
28	Hypertension with heart disease	20	20	—	—
29	Hypertension without mention of heart	17	17	—	—
30	Influenza	7	7	—	—
31	Pneumonia	50	50	—	—
32	Bronchitis	27	27	—	—
33	Ulcer of stomach and duodenum	9	9	—	—
34	Appendicitis	1	1	—	—
35	Intestinal obstruction and hernia	6	6	—	—
36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn	5	5	—	—
37	Cirrhosis of liver	7	7	—	—
38	Nephritis and nephrosis	3	3	—	—
39	Hyperplasia of prostate	9	9	—	—
40	Complications of pregnancy, childbirth and the puerperium	2	1	1	—
41	Congenital malformations	4	4	—	—
42	Birth injuries, postnatal asphyxia and atelectasis	3	2	1	—
43	Infections of the newborn	1	1	—	—
44	Other diseases peculiar to early infancy, and immaturity unqualified	7	7	—	—
45	Senility without mention of psychosis, ill-defined and unknown causes	38	36	1	1
46	All other diseases (Residual)	57	56	1	—
47	Motor vehicle accidents	11	—	11	—
48	All other accidents	16	—	16	—
49	Suicide and self-inflicted injury	15	—	15	—
50	Homicide and operations of war	2	—	2	—

Recorded still-births numbered 22, a rate of 22.8 per 1,000 live and still-births, compared with 13.0 last year. These still-births together with deaths during the first week of life give us a perinatal mortality rate of 33.2 per 1,000 live and still-births. Last year the rate was 30.8.

Of the 17 children who died during the first year of life, 2 were illegitimate giving an illegitimate infant mortality rate of 40.8. In 1957 the rate in England and Wales was 30.0.

MATERNAL MORTALITY.

Two deaths in association with pregnancy occurred in 1958, One was due to shock following Cæsarean section, the other was due to abortion. The maternal death rate was therefore 2.1 per 1,000 live and still-births. In 1957 there were 2 deaths when the rate was 2.4.

MOTOR VEHICLE ACCIDENTS.

Eleven persons—ten males and one female—died as a result of motor vehicle accidents. The average age was 44, one was 9 and two were over 75.

ALL OTHER ACCIDENTS.

A total of 16 persons (13 males and 3 females) died from other accidents during the year as against 12 in 1957 and 14 in 1956.

Analysis of accidental deaths (motor vehicle accidents excepted):—

Consequent upon a fall	...	...	...	...	5
Drowning	...	...	...	...	4
Coal gas poisoning	...	...	...	...	3
Burns	...	...	...	...	2
Home made bomb	...	...	...	...	1
Asphyxia when car slipped off jack...	...	...	...	...	1
					—
					16
					—

The average age was 51, the youngest was 15 and the oldest was 90. 3, or 18.7% of these deaths occurred at ages 75 and upwards.

SUICIDES.

There were 15 deaths from suicide during the year, 13 males and 2 females. Last year there were 14 suicides (6 males and 8 females). Coal gas was used in five cases, seven resorted to hanging, one to drowning, one to shooting, and one cut his throat. The average age was 43. The youngest was 21 and oldest 65.

CANCER.

During 1958, 142 people (64 males and 78 females) died of malignant tumours in Jersey. This gives a rate of 249 per 100,000 as against 274 in 1957 and 220 in 1956. These deaths constituted 18.4% of all deaths. The average age of death from cancer was 66 for males and 68 for females.

Cancer of the lung caused 33 deaths (24 males and 9 females). The average age at death was 63 for both males and females. They constituted 23.2% of all deaths from malignant tumours and 4.3% of the total deaths.

These crude death rates are above the national rates for England and Wales, especially in respect of the female population. They reflect the higher age structure of our population.

LEUKAEMIA.

Some alarm has been felt recently on the mainland concerning an increase in the cases of deaths from Leukaemia which is a form of cancer of the blood-forming cells. Certain areas have reported an increase comparing the years 1950—1953 and the years 1954—1957.

No such increase has been noted in Jersey, in fact a decrease has occurred and at the moment the incidence of this disease in Jersey is less than half the national average for England and Wales.

1950—1953		1954—1957	
Average No. of deaths per Annum	Rate per 100,000 population	Average No. of deaths per Annum	Rate per 100,000 population
2.25	3.9	1.25	2.1

JERSEY'S OWN DISEASE.

Jersey is a small island of only 45 square miles, enjoying more sunshine per year than any other locality in Britain. With no heavy manufacturing industry and little light industry, air pollution from factory chimneys is almost nil. Domestic fires in the town do produce some air pollution in the winter months but this is only for four—five months in the year and is rarely noticeable. Swept constantly by sea breezes, Jersey's atmosphere can be said to be as pure as is reasonably possible. The average temperature is higher in winter than in most places in Britain and although sea mists in the winter are not uncommon on high ground, they are rare in the populous areas and smog is unknown.

Living under such conditions, one would expect that trouble from respiratory complaints would be much less here than on the mainland but a comparison of our figures with those from Britain and elsewhere, shows that this is not so. Jersey has the unenviable distinction of having the highest incidence of primary lung cancer in the world. The relative

incidence in the female sex is especially high, Jersey women having a death rate from this disease almost twice that recorded in Britain. In addition, Jersey has an incidence of pulmonary tuberculosis which is almost twice the National average in Britain, and although our death rate from all forms of bronchitis is lower than that in England and Wales, it is higher than that recorded in Ireland and many times higher than the rate recorded on the continent.

The following tables give some comparative figures and in studying them it is important to note that the crude death rates in Jersey are those from a population with an excess of older people. If standardised for purposes of comparison they would be somewhat less than the figure given. The rates noted in certain age groups need no reduction and can be compared directly.

TABLE I

Comparison of death rates from lung cancer in England and Wales, South Africa (white) and Jersey.

	Rate per million living	
	MALES	FEMALES
White South Africa 1954	238	51
England and Wales 1954	657	102
Jersey 1953-1955	598	222
White South Africa 1956	246	65
England and Wales 1957	759	116
Jersey 1956-1958	842	189

TABLE II

Death rates in JERSEY from LUNG CANCER,
AVERAGE 1953-1958 IN AGE GROUPS 45-54, 55-64,
65+

AGE GROUPS	Rate per million living	
	MALE	FEMALE
45-54 years	970	120
55-64 years	2670	860
65+	3010	660

TABLE III

Comparison of Crude Male Death Rates from Bron-
chitis per million living in various countries in 1952.

England & Wales	Jersey	Scotland	N. Ireland	Eire	Belgium	France	Denmark
838	*560	529	352	320	233	55	33

* This figure is an average of the years 1951-1953.
The figure for the years 1956-1958 is 586.

TABLE IV

Comparison of incidence of new cases of pulmo-
nary tuberculosis per 100,000 in different age groups
in England and Wales and in Jersey. The figures
for England and Wales are for 1957 and for Jersey,
an average for 1956-1958.

MALES

	0-14	15-19	20-24	25-34	35-44	45-54	55-64	65+
England and Wales	24	82	113	97	90	100	129	88
Jersey	—	111	238	180	159	115	191	148

FEMALES

	0—14	15—19	20—24	25—34	35—44	45—54	55—64	65+
England and Wales	28	102	128	90	55	32	23	17
Jersey	6	116	352	145	82	74	38	8

For some years now, the medical Profession on both sides of the Atlantic has been drawing attention to the very close relationship between the amount of tobacco consumed, especially in the form of cigarettes, and the incidence of primary lung cancer of a certain type. More recently, it has been pointed out that there is also a definite relationship, although not so marked, in the incidence of pulmonary tuberculosis, chronic bronchitis and coronary thrombosis and the amount of tobacco consumed, again especially in the form of cigarettes. Tobacco being much cheaper here in Jersey than it is on the mainland ($1/8\frac{1}{2}$ d. for 20 cigarettes), it is to be expected that more would be consumed per head here than on the mainland and this suspicion has been confirmed in two ways.

- (1) Figures supplied by the courtesy of the Chief Agent of the Impôt (Jersey Customs) show that Jersey used 429,638 lbs. of tobacco in 1935, when its population of over 15 years of age was 39,300 and that in 1958 when its population over 15 years had risen to 45,800, no less than 691,663 lbs. of tobacco were used in the island. Much of this tobacco is disposed of to visitors, the estimated proportion varying from $1/3$ rd to just under $\frac{1}{2}$. The estimate of $1/3$ rd was given by a local manufacturing firm who state that the same proportion was noted

TABLE V.

MEN													WOMEN														
Age Group years	Total Interviewed	Non Smokers	Number of Pipe Smokers	CIGARETTE SMOKERS										Total Interviewed	Non Smokers	CIGARETTE SMOKERS											
				Daily Consumption												Daily Consumption											
				0—9		10—19		20—29		30—39		40+				0—9		10—19		20—29		30—39		40+			
				A	B	A	B	A	B	A	B	A	B			A	B	A	B	A	B	A	B				
15—24 ...	574	253	8	60	10.5	109	19.0	118	20.6	14	2.4	12	2.1	727	516	97	13.3	87	12.0	24	3.3	3	0.4	—	—		
25—34 ...	683	218	34	48	7.0	133	19.5	183	26.8	40	5.9	27	4.0	634	369	92	14.5	110	17.4	50	7.9	9	1.4	4	0.6		
35—44 ...	596	162	49	39	6.5	90	15.1	166	27.9	39	6.6	51	8.6	554	260	83	15.0	113	20.4	77	13.9	14	2.5	7	1.3		
45—54 ...	511	89	48	33	6.5	81	15.9	156	30.5	54	10.6	50	9.8	411	207	57	13.9	82	20.0	50	12.2	10	2.4	5	1.2		
55 & over...	377	78	58	30	8.0	72	19.1	102	27.1	23	6.1	14	3.7	255	155	38	14.9	41	16.1	19	7.5	1	0.4	1	0.4		
Unknown..	85	25	7	9	10.6	16	18.8	20	23.5	3	3.5	5	5.9	86	58	12	14.0	8	9.3	8	9.3	—	—	—	—		
All ages ...	2,826	825	204	219	7.7	501	17.7	745	26.4	173	6.1	159	5.6	2,667	1,565	379	14.2	441	16.5	228	8.5	37	1.4	17	0.6		

A=NUMBER IN GROUP

B=PERCENTAGE OF TOTAL INTERVIEWED

in 1935 and in the intervening years. The estimate of just under $\frac{1}{2}$, came from a large firm of retailers which does a big seasonal trade. A compromise, apportioning $\frac{7}{12}$ ths to local residents and $\frac{5}{12}$ ths to visitors, seems fair, and this gives us figures of 250,600 lbs. in 1935 and 403,000 lbs. in 1958, consumed by Jersey residents over the age of 15 years. This works out at 6.37 lbs. per head in 1935 and 8.81 lbs. per head in 1958.

- (2) During 1958 a direct survey was carried out into the smoking habits of the population by questioning 5,496 people over 15 years of age attending the Mass Miniature Radiography Centre. All were local inhabitants and the numbers were equally divided between the two sexes, being 2,828 males and 2,668 females. Two men and one woman refused to answer. The results of the survey are given in the following tables and as regards cigarette smoking have been plotted on the accompanying graph. On this graph, the result of a much smaller survey into the past smoking habits of 270 indigenous tuberculosis patients notified during the past ten years have also been plotted for purposes of comparison. The figures regarding pipe smoking have been omitted from the graph.

Applying the results of this general survey to the whole population gives an estimated consumption during 1958 of 368,285 lbs of cigarettes and 14,600 lbs of pipe tobacco. Cigars were not counted. This total of 382,885 lbs of tobacco arrived at by direct question and answer, is probably subject to the usual error of being too low a figure, inasmuch

LINEAR GRAPH.

PERCENTAGE OF PEOPLE SMOKING CIGARETTES AT DIFFERENT AGES IN THE
FEMALE } GENERAL POPULATION.
MALE }
FEMALE } PULMONARY T.B. POPULATION.
MALE }

PERCENTAGES.

100

90

80

70

60

50

40

30

20

10

15-19

20-29

30-39

40-49

50-59

60+

AGE GROUPS

HISTOGRAM.

AVERAGE NUMBER OF CIGARETTES SMOKED EXPRESSED PER
HEAD OF THOSE ACTUALLY SMOKING IN THE



FEMALE } GENERAL POPULATION.
MALE }
FEMALE } PULMONARY T.B. POPULATION.
MALE }

NUMBERS
OF
CIGARETTES
SMOKED.

40

30

20

10

as most people when asked about their smoking habits tend to be unduly modest in their answers. An addition of only 5% to this amount would give us a total of 402,029 lbs which is in very close agreement with the figure of 403,500 lbs obtained by taking $\frac{7}{12}$ ths of the figure supplied by the Impôt office.

Thus, in 23 years, the average amount of tobacco consumed per head by the population over 15 years of age has increased from 6.37 lbs to 8.81 lbs, an increase of 38%. This consumption per head during 1958 in Jersey of 8.81 lbs, can be compared with the figure of 6.6 lbs per head in Britain, where during 1958, 260,800,000 lbs of tobacco were consumed by a population over 15 years, of 39.5 million. It can be seen that even 23 years ago, Jersey folk were smoking almost as much tobacco as is being smoked in Britain to-day.

Using the lower set of figures obtained by the survey, it can be recorded that in 1958, at least 11.7 lbs of cigarettes were consumed per head by Jersey's male population over 15 years of age and at least 4.9 lbs per head by Jersey's female population over 15 years of age.

In England, figures quoted by the Tobacco Manufacturers' Standard Committee were 10.1 lbs per head for males and 3.3 lbs per head for females. It must be noted that these English figures include pipe tobacco as well as cigarettes.

In Jersey's tuberculosis population, for cigarettes only, the figures were 17.8 lbs per head for males over 15 years and 7 lbs per head for females over 15 years.

Whatever way we look at it, it is clear that Jersey is smoking much more tobacco per head than do the residents of Britain and even more than do white

South Africans and this relative excess is more marked in the females than in the males. It rather suggests that when the price of tobacco goes up, it is the woman who reduces her expenditure and not the man.

TABLE VI

Packed cigarettes smoked per adult per annum.

	1930	1935	1940	1950	1955	1958
*JERSEY	—	2,750	—	—	—	3,810
SOUTH AFRICA (white population)	2,100	2,090	2,500	3,630	3,510	—
U.S.A.... ..	1,370	1,450	1,820	3,250	3,280	—
EIRE	930	1,210	1,440	2,510	2,620	—
U.K.	1,380	1,590	2,020	2,160	2,500	—

* Jersey's 1958 figure was calculated for all residents aged 20 or over from the survey results. Jersey's 1935 figure was obtained by reducing the 1958 figure by 27.7% in accordance with the Impôt figures for the two years.

Also of importance is the distribution of heavy smoking revealed by the survey. It shows that 5.6% of all males over 15 years in Jersey smoke more than 40 cigarettes per day and a further 20% smoke over 25 cigarettes per day. The peak consumption is reached in the age group of 40—49 years, where 10.2% smoke more than 40 cigarettes per day and another 35% smoke more than 25 cigarettes per day. In the women, the survey shows that 0.64% of females over 15 years of age in Jersey smoke more than 40 per day and a further 5.7% smoke over 25 per day. Again the peak consumption is recorded at the age of 40—49 years where the figures are 1.9% smoking more than 40 per day and another 17% smoking more than 25 per day.

In 1958, 60% of Jersey's male smokers were smoking more than 20 per day compared with 18% in the United Kingdom in 1956 and 24% in the U.S.A. in 1955. In the women, 26% of Jersey's female smokers, smoked more than 20 per day compared with 5% in the United Kingdom in 1956 and 8% in the U.S.A. in 1955.

In Jersey's tuberculosis world, 76% of TB male smokers and 38% of TB female smokers, used to smoke more than 20 per day. This high excess amongst those subsequently developing tuberculosis should be noted.

TABLE VII

Percentage distribution of cigarette smokers by number smoked per day for males and females in the U.K. in 1956, in the U.S.A. in 1955 and Jersey in 1958.

Cigarettes per day	MALES			FEMALES		
	U.K.	U.S.A.	Jersey	U.K.	U.S.A.	Jersey
Up to 10	25	23	12	55	45	34
10—20	57	53	28	40	47	40
Over 20	18	24	60	5	8	26
Total	100	100	100	100	100	100

Another factor of importance to be considered, is the amount of each cigarette that is consumed. Where cigarettes are reasonably cheap, as in Jersey, it might be expected that things would be as in the U.S.A. where 40% of each cigarette is left unsmoked. Unfortunately, this is not so. A sample survey in which 1,426 butts were measured shows that the Jersey smoker leaves only 26% of each cigarette unsmoked, the average length of a Jersey butt being

only 18.4 mm. Two out of three butts measured were less than 21 mm. in length.

The following table gives comparative figures from other countries.

TABLE VIII

Comparison of cigarette ends measured in various countries.

U.S.A.	South Africa (white)	Holland	England and Wales	Jersey
30.9 mm.	24.5 mm.	19.7 mm.	18.7 mm.	18.4 mm.

The cancer producing agents in tobacco tar are many and it has been shown that this tar is driven back into the unsmoked portion as the cigarette is burning. When half of the cigarette has been burned, much of the tar produced condenses in the unsmoked portion. As the remaining half is then smoked, the smoke drawn in is progressively richer in its lethal tar content. It has been estimated that the additional quarter length of cigarette that is smoked in Britain and Jersey, as compared with the U.S.A. produces an additional 50—100% more tar entering the smoker's lungs. As it is the amount of tar that comes into contact with the lung that does the damage, this factor probably accounts for the fact that although the average U.S.A. citizen smokes as many cigarettes as the average Briton, his death rate from cancer of the lung is only half that recorded in Britain. In effect he is only inhaling half as much tar as his unfortunate fellow smoker on this side of the Atlantic.

Filter tips, if efficiently made, can remove some of the tar but much of the good they can do is nullified by the fact that a smoker, often takes

advantage of the tip to smoke even more of his cigarette than the usual 74%. It is not uncommon to find users of filter tips smoking 100% of their cigarettes.

Lung cancer of the type associated with cigarette smoking is a direct result of the cancer producing agents now known to exist in tobacco tar. The effect of tobacco on the lungs in increasing the incidence of pulmonary tuberculosis and chronic bronchitis is probably a non-specific one, due to irritation. An individual who has a dormant tuberculous focus may go through life without ever having that focus stimulated into activity. The man with the smoker's cough is, on the other hand, putting a constant strain on his lungs which must inevitably play its part in causing the higher incidence of tuberculosis noted amongst heavy smokers.

In comparing Jersey's male death rate from cancer of the lung with the rate prevailing in England and Wales, it is probable that when standardised the Jersey figure is not much greater or even less than the English one, but then, Jersey has no air pollution with which to contend as well as tobacco. Had we the same degree of air pollution as prevails in England and Wales, it is probable that our lung cancer death rates would be even higher than they are. The female death rate shows that Jersey has a very great excess over the English figures and this excess would remain, even when the figures were standardised to a common population with a common age structure. There seems little doubt that the big amounts of tobacco consumed by women in Jersey compared with women in England, is the cause of this, by far the highest death rate from lung cancer in women, in the world.

In comparing the incidence of new cases of pulmonary tuberculosis as recorded in England and Wales and in Jersey, it will be noted that although Jersey has an excess in almost all age groups for both sexes the figures under 15 years show that the excess is in England and Wales. Here two factors are at work.

- (1) There is little smoking under the age of 15.
- (2) Almost 90% of the children under 15 years of age in Jersey are protected by B.C.G.

This protection from B.C.G. now extends well into the age group 15—19 and is the probable cause for a great difference in Jersey between the figures under 20 and the figures over 20. 69% of the cases recorded in the 15—19 group come from the 20% of the age group that did not receive B.C.G. in its earlier years.

It is well known that it is much easier to refrain from forming a habit than to break the habit once it is well established. This is of great importance when we realise how hard it is for many to stop smoking. Recent surveys in England and elsewhere have shown that smoking in school children has reached alarming proportions, the incidence varying in the different types of schools and tending to be greatest in those schools catering for children of lower attainment. Propaganda to prevent smoking must begin at an early age. A school master in one of Jersey's schools, recently carried out a survey amongst four groups of male pupils. The incidence of regular smoking was 40% in a group of boys aged 11—12 ; 66% in a group of boys aged 11—13 ; and 77% in a group of boys aged 13—15 years. The average number of cigarettes smoked per week was 10 in the youngest group ; 20 in the middle group

and 30 in the eldest. The maximum number of cigarettes smoked in a week varied from 20 in the youngest age group to 100 in the oldest age group. Of great interest were results of the attempts made by this master to show the boys the danger that lay ahead. His first talk had little effect but after the second and third talks, together with the presentation of facts and figures, a great reduction in smoking in these groups took place. This varied from a reduction of over 80% in the first age group to 57% in the last age group. It does show that children are capable of appreciating the facts and of acting upon them.

One major cause of death that has also been linked with tobacco smoking is coronary thrombosis. The incidence of this disease in Jersey is high but further research into the exact figures will be needed before it can be said whether they are in excess of those prevailing elsewhere.

It seems clear that excessive smoking of cigarettes is now a major health problem in the island of Jersey and I hope the Public Health Committee will advocate measures to bring it down to a reasonable level. Measures that could be adopted include—

- (1) A greatly increased campaign to bring the dangers inherent in tobacco smoking to the notice of school children.
- (2) The introduction of Legislation to forbid the sale of tobacco to, and the smoking of tobacco by, individuals under the age of 18 years.
- (3) An increase in the retail price of cigarettes. This will be unpopular but would go a long way towards reinforcing the will of those who wish to give up smoking.

- (4) The introduction of Legislation to ensure that all tobacco, in whatever form it is sold, complies with standards to be laid down regarding the maximum content of nicotine and tar.

This last recommendation is based on the fact that certain tobaccos do produce much less tar than others and it seems reasonable to request that a product made available for general purchase by the public should be made as safe as possible by the manufacturer responsible. Such a step should be possible within the near future.

- (5) The forbidding of smoking in public places such as cinemas, theatres, concerts, etc.

TUBERCULOSIS.

During 1958, 8 persons (5 males and 3 females) died from pulmonary tuberculosis. The death rate is therefore 0.14 per thousand. The average age at death was 76 for males and 43 for females. These deaths constituted 1.04% of all deaths.

TUBERCULOSIS MORTALITY RATES.

1932—1958 INCLUSIVE.

YEAR	RESPIRATORY TUBERCULOSIS		OTHER FORMS	
	No. of deaths	Rate per 100,000	No. of deaths	Rate per 100,000
1932	34	67	8	16
1933	41	81	8	16
1934	51	100	8	16
1935	29	57	8	16
1936	42	83	17	33
1937	28	55	6	12
1938	26	51	4	8
1939	26	51	5	10
1940	46	112	3	7
1941	46	111	7	17
1942	48	118	4	10
1943	47	120	9	23
1944	42	108	6	15
1945	31	77	6	15
1946	24	48	3	6
1947	41	76	7	13
1948	39	68	1	2
1949	30	52	—	—
1950	19	33	—	—
1951	19	33	3	5
1952	13	22	2	3
1953	10	17	1	2
1954	17	29	—	—
1955	6	10	1	2
1956	5	9	—	—
1957	6	11	—	—
1958	8	14	—	—

During the year, 73 cases were notified but only 66 of those were indigenous cases, a rate of 116 per 100,000.

Of the 66 cases, 32 (14 males and 18 females) were classified as “early” or “minimal” falling into categories A1 and A2, and the average age was 34 for males and 35 for females. Of the other cases, 30 (21 males and 9 females) were classified as advanced or very advanced (categories B2 and B3) and the

average age was 54 for males and 37 for females. 33 (50%) had a positive sputum at the time of diagnosis. No less than 6 out of the 66 local cases were 70 years old or over at the time of notification, 5 males and 1 female : 4 of these were very advanced cases and died, two of them very soon after diagnosis.

This disease continues to be a serious problem in that the notifications of new cases are still far above the national level in England and Wales. Although the number of deaths per year is now very low, thanks to the treatment now available, the amount of damage and upset caused by the disease is high. Half of the cases arising in the Island were early cases and many of them were able to receive their treatment while remaining at work. The others required months of bed rest, either at home or at Overdale, followed by prolonged after-care and often by surgery. The average stay for a patient admitted to Overdale is five months and the average period of convalescence afterwards is three months, making it eight months off work in all.

The incidence of new cases under the age of 20 is low, thanks to the protection of B.C.G. but above that age, it rises rapidly. In the discussion on smoking, it has already been pointed out that excessive smoking plays its part in the production of new cases and this is surely a cause that can be dealt with at source. If all smokers would bring themselves down to a moderate level of consumption, they would greatly improve their chances of going through life without developing clinical tuberculosis.

B.C.G.

During 1958, 855 individuals, including 2 over the age of 15, received B.C.G. No less than 825 of these cases were children under the age of 12 months and 797 were born during the year.

Age Groups.	Population.	Number protected by B.C.G.	Percentage protected by B.C.G.	
Under 1...	925	797	86	80%
1 — 2...	813	730	90	
2 — 3...	802	696	87	
3 — 4...	709	644	91	
4 — 5...	817	672	82	
5 — 6...	752	585	78	
6 — 7...	828	608	73	
7 — 8...	734	656	89	
8 — 9...	709	401	57	
9 — 10...	792	511	65	80%
10 — 11...	791	659	83	
11 — 12...	822	733	89	
12 — 13...	969	660	68	
13 — 14...	720	575	80	
14 — 15...	662	576	87	
15 — 16...	568	466	82	
16 — 17...	570	479	84	
17 — 18...	645	520	81	
18 — 19...	694	522	75	27%
19 — 20...	696	509	72	
20 — 21...	660	492	75	
21 — 22...	724	476	66	
22 — 23...	766	337	44	
23 — 24...	739	168	23	
24 — 25...	722	103	14	
25 — 26...	669	78	12	
26 — 27...	607	37	6	
27 — 28...	596	36	6	
28 — 29...	650	33	5	
29 — 30...	559	35	6	

From the above table it will be seen that 80% of our children under 20 years of age are now protected by B.C.G. Of those between the ages of 20 and 30 we estimate that 27% at the moment have received B.C.G.

B.C.G. continues to protect. It is only in the age groups that contain a substantial proportion of

vaccinated persons that our notification rate is lower than, or about the same level as the mainland.

During the last three years, there has been fourteen notified cases in the age group aged 10—19 years. Ten of these cases came from the 20% not protected by B.C.G. and the other four from the 80% that had received B.C.G. in earlier years. The ratio of clinical disease in the unvaccinated, compared with the vaccinated was thus 10—1. Of the four vaccinated in this group that did develop pulmonary tuberculosis, one had received his vaccine six years before and three had received their vaccine eight years before. This ratio of protection is higher than that recorded in the English trials but can be explained by the findings noted in the M.M.R. report that the development of shadows seen on an X-ray does not always result in a patient who needs treatment. The protection from clinical disease that demands treatment is almost double the protection from symptomless lesions that may heal spontaneously. Thus, in the last three years alone, in one small age group of people aged 10—19 years, B.C.G. has prevented the development of 36 new cases of pulmonary tuberculosis.

MASS MINIATURE RADIOGRAPHY.

During 1958, 10,974 individuals were X-rayed by the static 70 mm. machine operated by the Public Health Committee. 375 of these were done on two occasions giving a total of 11,349 chest films processed and read during the year. This is an increase of 597 films over 1957's total of 10,752. This increased total was achieved in spite of the three months' break in the first half of the year during which a new home was being prepared for the plant at 100, Halkett Place. Although the total number X-rayed was greater than in any previous year, cases

referred by the practitioners fell from 1,646 in 1957 to 1,334 in 1958. This fall was probably due to the break in operations of three months. Self applicants and routine cases were able to wait until the Centre re-opened but it is obvious that doctors' cases could not so be delayed and so were X-rayed elsewhere.

Once again, the Centre has shown its value in picking out new cases of pulmonary tuberculosis and cases of lung cancer. 50 new cases of pulmonary tuberculosis were discovered and 8 cases of lung cancer. 14 of these pulmonary tuberculosis cases came from the 2,475 Aliens that were X-rayed, an incidence of 5.6 per 1,000. This brings the total cases discovered in Aliens since the Centre came into being in 1954 to 41.

A total of 36 cases of pulmonary T.B. was found amongst local inhabitants this being over 50% of new local cases notified during the year.

The incidence of pulmonary T.B. in self applicants who have been X-rayed annually on more than one occasion was 1.97 per 1,000. This figure can be compared with the yield of 3.94 per 1,000 amongst self applicants being X-rayed for the first time. The average incidence over the past two years amongst old self applicants is 1.6 per 1,000 and this gives some indication of the natural occurrence of pulmonary tuberculosis in a symptomless form. As the incidence of clinical tuberculosis notified during the two years was only 1.00 per 1,000 it would seem that not all "disease" discovered radiologically progresses to a state of clinical disease. Some of the minimal lesions discovered, notified and treated, would doubtless have recovered spontaneously, but to have left them to their own devices on the chance of this happening, would have meant taking an unjustified risk.

Doctors' cases provided their usual high yield of significant disease, yielding 12.7 cases per 1,000 of pulmonary tuberculosis and 5.2 cases per 1,000 of lung cancer.

It is in the older age groups that lung cancer is most prevalent and it is of interest to compare the incidence of this disease in males over the age of 55 years in different categories. Category 1 consists of symptomless persons X-rayed for other reasons. Category 2 consists of self-applicants who may or may not be symptom free. It is known that the majority in this group are symptom free. Category 3 consists of persons referred by doctors, all presumably with symptoms. During the past two years :—

123 males in category 1 yielded 0 cases = 0 per 1,000 ;

451 males in category 2 yielded 2 cases = 4.4 per 1,000 ;

331 males in category 3 yielded 11 cases = 36 per 1,000.

Once again the medical profession must be reminded that any smoker in the older age groups who has any chest symptoms at all, should be X-rayed regularly.

Although the new premises are not ideal in that they are completely built up on three sides, they are very much roomier than the old quarters and are well placed in the centre of the town. Great credit is due to the staff of the maintenance department of the General Hospital who were responsible for the transformation of the old building to its present admirable state, and who continue to provide unfailing and expert help when anything goes wrong.

During the autumn of 1958 an attempt was made to recruit new self applicants for an annual X-ray. The campaign, such as it was, consisted of a display of posters in buses, shops, clubrooms, cinemas, etc., a special film and slide shown in turn by the

MASS MINIATURE RADIOGRAPHY.

Year ending December, 1958.

		Min. X-rays.		Passed on Min. film.		Recalled for large film.		Passed on large film.		Treatment Cases.		Cases for observation.		OTHER SIGNIFICANT ABNORMALITIES.							
														Cancer.		Heart.		Cerv. ribs		Other lung diseases	
		Totals to date	Totals to date Repeats	Totals to date	% of total X-rays to date	Totals to date	% of total X-rays to date	Totals to date	% of total X-rays to date	Totals to date	% of total X-rays to date	Totals to date	% of total X-rays to date	Totals to date	% of total X-rays to date	Totals to date	% of total X-rays to date	Totals to date	% of total X-rays to date	Totals to date	% of total X-rays to date
Self Applicants (New)	M	1001	—	935	93.41	66	6.59	26	2.60	5	0.50	17	1.70	—	—	4	0.40	—	—	14	1.40
	F	772	—	734	95.08	38	4.92	22	2.85	2	0.26	10	1.30	—	—	2	0.26	1	0.13	2	0.26
Self Applicants (Repeat)	M	2231	2231	2167	97.13	64	2.87	33	1.48	2	0.09	11	0.49	1	0.04	4	0.18	—	—	13	0.58
	F	2375	2375	2293	96.55	82	3.45	47	1.98	7	0.29	11	0.46	—	—	10	0.42	—	—	6	0.25
Doctors' Cases	M	686	183	574	83.67	112	16.33	32	4.66	8	1.17	23	3.35	7	1.02	9	1.31	—	—	29	4.23
	F	708	165	622	87.85	86	12.15	29	4.10	9	1.27	12	1.69	—	—	10	1.41	—	—	25	3.53
Contacts	M	183	94	176	96.17	7	3.83	2	1.09	1	0.55	—	—	—	—	2	1.09	—	—	1	0.55
	F	233	120	223	95.71	10	4.29	3	1.29	1	0.43	1	0.43	—	—	—	—	—	—	4	1.72
Tuberculin Positives	M	63	62	63	100	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	F	84	83	83	98.81	1	1.19	1	1.19	—	—	—	—	—	—	—	—	—	—	—	—
Aliens	M	1649	947	1577	95.63	72	4.37	43	2.61	10	0.61	9	0.55	—	—	2	0.12	—	—	5	0.30
	F	861	443	824	95.70	37	4.30	19	2.21	4	0.46	8	0.93	—	—	2	0.23	—	—	4	0.46
Hospital Staff	M	107	94	99	92.52	8	7.48	6	5.61	—	—	2	1.87	—	—	—	—	—	—	—	—
	F	396	295	380	95.96	16	4.04	11	2.78	1	0.25	1	0.25	—	—	1	0.25	—	—	1	0.25
Totals	M	5920	3611	5591	94.44	329	5.56	142	2.40	26	0.44	62	1.05	8	0.14	21	0.35	—	—	62	1.05
	F	5429	3581	5159	95.03	270	4.97	132	2.43	24	0.43	43	0.79	—	—	25	0.46	1	0.02	42	0.77

10,974 individuals were X-rayed. 375 of these were X-rayed twice during the year, making a total of 11,349 films.

cinemas, and letters to business houses, clubs, etc. The co-operation received from all concerned could not have been better and no charge was made for any display space given, not even for the screen time in the cinemas. Much thanks is due to those responsible. The public response unfortunately was not as good as had been hoped and just under 3,000 new names were registered of whom 400 failed to attend for an X-ray though given repeated appointments. 7 new cases of pulmonary tuberculosis were found in the 1773 X-rayed before the end of the year.

OVERDALE HOSPITAL.

OVERDALE STATISTICS

	Patients in Hospital 1.1.58	Admissions during 1958	Deaths during 1958	Discharges during 1958	Patients in Hospital 31.12.58
TUBERCULOSIS					
Pulmonary Tuberculosis ...	31	81	5	73	34
Tuberculosis others					
Orthopaedic	—	7	—	7	—
Miliary tuberculosis	—	1	—	—	1
OTHER CHEST DISEASES					
Virus infection for investi- gation	—	1	—	—	1
Spontaneous pneumothorax...	—	1	—	1	—
Asthma	—	1	—	1	—
Pneumonia	—	2	—	2	—
Abscess of lung	—	1	—	1	—
Bronchitis and Emphysema ...	—	1	—	1	—
Carcinoma of Lung	—	7	3	4	—
Bronchoscopy... ..	—	27	—	27	—
INFECTIOUS DISEASES					
Measles	—	26	—	26	—
Measles Pneumonia	—	6	—	6	—
Diphtheria	—	1	—	1	—
S.F. Pneumonia	—	5	—	5	—
Whooping Cough	—	2	—	2	—
Chicken Pox	1	4	—	5	—
Mumps	—	1	—	1	—
Tonsillitis	—	1	—	1	—
Enteric Infection	—	2	—	—	2
Food Poisoning	—	2	—	2	—
Dysentery... ..	—	2	—	2	—
I.D. not diagnosed	—	2	—	2	—
CHRONIC SICK	8	9	3	2	12
<i>Total Numbers...</i> ...	40	193	11	172	50

OUTPATIENTS ATTENDANCE—1958

Old patients	...	...	...	1,277
New patients	...	...	...	342
Medical examinations	...			40 (non chest)
Refills...	...	...	...	1

Many new cases of pulmonary tuberculosis were admitted to Overdale for treatment during the year, but thanks to the new system of prolonged treatment introduced in the last few years, relapses are now becoming very much less common.

This has meant longer periods of supervision at the Outpatients Clinics and prolonged chemotherapy after a patient's discharge from hospital. The minimum period for treatment on drugs is now twelve months and where necessary, this period is extended to 18 months, two years or even three years.

The increased expenditure on drugs is a very well worthwhile investment and one that will pay a long dividend in the future.

REPORT OF THE DEPUTY SCHOOL MEDICAL OFFICER—1958.

During 1958, 2,959 children were examined in 168 sessions. Certain other non-routine inspections were carried out when occasion demanded to prevent the spread of infections of the skin, and for the testing of hearing. The total number of defects discovered at routine inspections was 4,170, of these by far the greater number consisted of dental defects, 1,100, and orthopaedic and postural defects 1,207. These were fairly equally divided amongst boys and girls.

DENTAL DEFECTS.

A dental survey was carried out on all school-children examined at the age of 5. Of 300 children seen in that age group 60% had untreated carious teeth, with an average of 2.5 carious teeth per child. A more accurate assessment of dental decay can be made by noting the total number of teeth, decayed (D), missing (M), or filled (F). The D.M.F. figure divided by the number of children seen in the group gives a D.M.F. rate for that age. The D.M.F. group for children of 5 years old in Jersey is 3.0. Only 28% of children of this age had perfect dentition as compared with over 50% in 1946.

A further survey was made of the teeth of 14 year old school-children. Of the 392 children seen in that age group 29% had carious teeth untreated. At first glance this would seem a considerable improvement on the figure of 60% for the 5 year olds. It should then be noted that these 392 children had 483 teeth missing, in most cases permanent teeth which had become so diseased that extraction rather than conservative treatment had

become necessary. The number of teeth filled was 492. To obtain a clearer picture of damage to permanent teeth the D.M.F. rate should be used ; this gives a figure of 3.0 teeth per child.

Only 21.8% of children had a perfect dentition at the age of 14.

These figures do not include children with misshapen mouths or misplaced teeth, who were as much in need of treatment as those children with dental caries. It is probable that a considerably greater number of dental defects would have been discovered by a dentist.

In general, the condition of the teeth of Jersey schoolchildren in 1958 was extremely unsatisfactory. This situation can only be remedied by the provision of facilities for adequate conservative treatment, and by fluoridation of Jersey water as a long term plan.

ORTHOPAEDIC DEFECTS.

These defects which include “ round shoulders ” and poorly developed longitudinal arches of the feet, amounted to 1,207 in the total of 2,959 children examined, an incidence of 40.7%.

It was of considerable clinical interest to note during the Battle of Flowers parade, the large number of “ round shoulders ” in one of the girls contingents. These shoulders are normally hidden by clothing, but were most obvious in a more abbreviated festival costume.

Some of the causes of “ round shoulders ” are poor design in school desks, too tight clothes, or a general slackness of carriage and demeanour with which is sometimes associated lack of interest and lack of self discipline. Old desks are rapidly being replaced, if clothes are too tight suggestions may be made to parents.

Postural defects are best controlled by specifically designed exercises both at school and at home. Every co-operation has been given by the physical training instructors at the schools, and a series of pamphlets has been produced. These are handed to the parents so that exercises at home may be carried out. These pamphlets are illustrated, the instructions are easy to follow.

In the last resort parental control and persuasion is the only way of dealing with faults of posture, measures taken at school are largely preventative.

Poor development of the longitudinal arch of the foot in Jersey schoolchildren is so common an incidence, it almost appears a characteristic. The arch is long and low, it is not due to ill fitting shoes but frequently may be associated with slackness of the tendons and ligaments around the ankle. The ankle then turns inwards and the weight of the body is largely supported on the inside of the foot rather than evenly distributed. Exercises are given to strengthen the muscles which hold the foot straight.

VISUAL DEFECTS.

386 cases of visual defects were discovered, an incidence of 13.4%. The large majority of these occurred in the age group 9—12. Those cases in which there was error of refraction were referred to the Hospital or optician of their choice, cases of squint were sent to the General Hospital if not already under treatment, children with external disease of the eyes were referred to their own doctors.

Testing of colour vision was carried out as a routine. 5.7% of boys had some form of colour blindness, 0.7% of girls. This is a genetic defect for which of course, there is no treatment, the numbers remain approximately constant year after

year. Colour blindness debars children from a few careers, parents and children are thus informed in good time that certain occupations are not for them.

DEAFNESS.

A pure tone audiometer was obtained during the year. It is hoped that a survey of children at the age of eight can be carried out throughout the Island as is the custom elsewhere. All children should be tested at this age as a routine. Children in whom there is a history of otitis media, discharging ears, precipitate labour, rhesus incompatibility, Streptomycin treatment or speech difficulty should ideally also be tested whatever age they may be. By the use of Ewing's tests at the MCW clinics, deafness in children may be discovered from the age of nine months.

It is not possible to carry out an audiometer test at the same time as a routine medical inspection. It is estimated that to carry out this survey requires the services of a clerk for one half day each week throughout the whole school year. Such assistance is not available. All that can be arranged at the moment is thorough testing of children at the Jersey Homes, and assessment of children with significant deafness noted earlier at routine medical inspections.

Such children in due course, will be referred to the E.N.T. department at the local hospital. At the moment no consultant is available; when a specialist is appointed full co-ordination between the school service, which is preventative and diagnostic, and the curative services of the Hospital is essential. Hearing aids are available for children at the Hospital; this service has been used once only. It is hoped in the future that where necessary hearing aids will be more readily provided.

It is anticipated that about 4% of schoolchildren are deaf in some degree, temporarily or otherwise, and that about 0.2% of children require a hearing aid. Most of the 4% are children deaf due to inter-current catarrhal infection, for which treatment may or may not be necessary. There remains a very small number of children for whom treatment is ineffective and hearing aids are useless. If possible these children should remain at an ordinary school, many manage very well by means of lip reading. For the very few, a special school for the deaf is necessary.

CLEANLINESS.

This problem which largely consists of infestation of the head with lice is still not completely solved. Monthly school inspections are carried out by the district nurses, and the children infested are excluded from school until free from lice. Their names are forwarded to the Public Health Department. It is obvious from these reports that certain families, no more than twelve, act as reservoirs for the transmission of infestation throughout the Island. The children of these families are quickly cleared, the adult females of the family are not treated, and within a few days the children are again infested to spread lice among their unfortunate colleagues at school.

The absence of a cleansing centre renders this problem extremely difficult. The provision of a shampoo and hair lotion impregnated with insecticide appeals to the cosmetic sense of the girls and women who form the nucleus of the problem. It is hoped that infestation will be reduced during the next year with the use of these insecticide shampoos, and the vigilance of the district nurses. Some idea of the magnitude of the problem can be obtained from the number of schoolchildren infested during 6 months of 1958. This was 184.

IMMUNOLOGY.

All schoolchildren registered for vaccination with B.C.G. or anti-poliomyelitis vaccine have now been dealt with, apart from a few absentees. The numbers involved were : B.C.G. 16 schoolchildren + 835 pre-school children. Approximately 80% of school entrants were already protected.

Anti-poliomyelitis (2 injections) 1,366 in 1958 (plus 2,161 in 1957). Approximately 50% of children at risk have now been given some protection. The list of course, is being continually added to with fresh applications.

This year it is expected that a third or booster dose of anti-poliomyelitis vaccine will be given.

At every school medical inspection the opportunity is taken of discussing protection against various diseases with the parents, and when desired immediate immunisation is carried out against diphtheria, tetanus and whooping cough in those under 8, and against diphtheria and tetanus in those children over 8. Booster doses are also given, chiefly against diphtheria.

Of the total number of children seen, 2,959, those whose immunisation at the time was complete, numbered 2,054. This gives a percentage of 69.5, which means that a very satisfactory level of immunity against diphtheria prevails among Jersey schoolchildren.

Of 2,959 children seen, 2,036 or 68.8% had been vaccinated against smallpox which can also be considered satisfactory.

MISCELLANEOUS.

A report was provided on the effectiveness of the chlorinating process of a school swimming bath. Following a complaint, full bacteriological and chemical analysis of the water was carried out. The

grounds for this complaint were due to misinformation, the swimming bath was in a satisfactory hygienic condition, and had been according to the records, since it had been opened.

It should be emphasised that the School Medical Officer is in a unique position. He knows the schools and the children as well. The routine school medical inspection covers ground which is not covered generally by the medical practitioner, and the School Medical Officer has full information available from the teaching staff. In no case is this more necessary than in dealing with children referred to the Child Guidance Clinic, and in cases where children may require special educational treatment. Children with handicaps should attend an ordinary school if at all possible ; when they leave school they will have to mix in a normal environment. If children are away from school for any time longer than eight weeks the School Medical Officer should be notified. In certain cases a little explanation and encouragement to the parents, and a talk with the general practitioner can prevent the development of a situation whereby the child can no longer fit himself into school and becomes deprived of a normal environment and of normal companions.

CONCLUSION.

Thanks are due, as always, to the school principals, school secretaries and district nurses. Their co-operation has enabled programmes of inspections to be carried out, which, necessarily, must interrupt and inconvenience individuals and interfere with school routine. Their influence with the parents frequently ensures that medical and dental attention is provided for children who require it, their information to the School Medical Officer concerning social conditions is invaluable.

R. L. GOODEY,
Deputy School Medical Officer.

MEDICAL INSPECTIONS 1958.

No. of CHILDREN EXAMINED :		Boys :		Girls :		No. of DEFECTS :		Boys :		Girls :	
Group	I. (5—6 years)	...	...	...	...	...	...	...	...	...	...
Group I.	(5—6 years)	...	...	...	...	628	(319)	309)	536	(283	253)
Group II.	(9 years)	...	...	...	...	686	(363	323)	539	(286	253)
Group III.	(12 years)	...	...	...	...	734	(367	367)	526	(288	238)
Group IV.	(15 years and leavers)	...	...	...	...	586	(289	297)	412	(188	224)
Group V.	(Specials and re-examinations)	...	...	...	...	325	(165	160)	235	(118	117)
Totals : ...		...	...	...	...	2,959	(1,503	1,456)	2,248	(1,163	1,085)

Hearts :—No. of children referred for further opinion—15 (Boys—5 : Girls—10)
 Squints :—No. of children referred for further opinion—10 (Boys—7 : Girls— 3)

REPORT OF THE CHIEF SANITARY INSPECTOR—1958.

I have the honour to submit my thirty-fifth Annual Report for the year ending 31st December 1958.

In various sections of the report details of work are given relating to water supply, wells, springs, rainwater, etc., housing, licensed premises, cafés, restaurants, work in connection with the Law on Public Health (1934), food and drug supply, clean food handling, clean milk production, disinfection, atmospheric pollution, rodent control, general improvements, etc.

GENERAL SUMMARY OF INSPECTIONS, Etc.

Five thousand and forty one inspections, re-inspections, appointments and visits to supervise works in progress, were made of houses, hotels and restaurants, cafés, food shops, schools, building sites, brooks and streams, etc.

There were one thousand and seven callers for advice, complaints, etc., all of which received attention.

Seven hundred and twenty-seven smoke and water tests were applied to new drains and existing systems.

WATER SUPPLY.

Samples taken for :—

	Satisfactory	Unsatisfactory	Total
Chemical Analysis	56	59	115
Bacteriological examination	77	34	111

SOURCES SAMPLED.	No.	Satis- factory.	Unsatis- factory.	Improved	Con- demned
Wells	86	25	61	10	3
Springs	17	5	12	2	—
Streams	4	—	4	1	—
Rainwater Storage...	8	4	4	1	—
Bore Tubes	7	5	2	1	—
Treated Supplies ...	7	6	1	—	—
Number of samples which contained excessive lead					7
Number of samples which contained excessive copper ...					4
Number of samples which contained excessive zinc					9
Lead fittings removed from wells, etc.					1
Swimming Pools					2

IMPROVEMENTS TO DWELLING HOUSES.

Houses provided with new sanitary facilities.....	62
Farmhouses provided with new sanitary facilities.....	23
Houses supplied with Waterworks service.....	6
Number of houses reconditioned	7
Improvements to dwelling houses such as cleansing, distempering, plastering, new windows, doors, addi- tions, etc.	11
Overcrowding abated	3

DISINFECTIONS AND DISINFESTATIONS.

Number of rooms disinfected for infectious diseases	150
Number of bundles of bedding and clothing disinfected...	381
Number of mattresses disinfected	170
Number of rooms disinfected (bugs, fleas, etc.)	363
Number of books disinfected	272
Number of blankets disinfected	80

DETAILS OF DWELLING HOUSES WHICH HAVE
UPON REPORT BEEN CONDEMNED AND CLOSED
BY ACT OF THE PUBLIC HEALTH COMMITTEE AS
BEING UNFIT FOR HUMAN HABITATION.

Number of houses condemned.	Position.	Date of Report.	Result of action taken.
1	Rose Cottage, Bagot, St. Saviour.	6.1.58.	Still occupied.
1	1, Spring Cottages, Great Union Road, St. Helier.	21.3.58.	Partly vacated.
1	Cottage, 14½ Le Breton Lane, St. Helier.	22.8.58.	Vacated.
2 rooms.	17, Pier Road, St. Helier.	10.11.58.	Still occupied.
1	3, Yorkshire Villas, Gas Lane, St. Helier.	22.12.58.	Demolished.

Total number of houses condemned... 5

CLOSING ORDERS RESCINDED AFTER PROPERTIES
BEING COMPLETELY RECONDITIONED.

Number of Houses.	Position.	Closing Order.	Rescinded.
2 rooms. 69	St. Mark's Road, St. Helier.	25.3.57.	1.11.58.

Total Number of Closure Orders rescinded 1

Since 1923, four hundred and eighty-seven dwellings have been condemned and closed by Acts of the Public Health Committee as being unfit for human habitation.

For several years it has been our ambition to prepare a report on the whole of the poorer class housing conditions in the Island. This would mean a general survey to determine the slum clearance areas and a house to house inspection to find the properties unfit for human habitation, not necessarily because they are dangerous or injurious to health, but because of their general dilapidations. A brief report with plan was submitted to Mr. Barrett, for his guidance in his preliminary report on the Control of Building Development submitted to the Natural Beauties Committee.

It is impossible, however, to make such a survey on house to house inspection, with our present number of Inspectors, which is below the recognised standard for population. It is hoped that we shall be allowed to have two qualified men to deal solely with this important work.

SUMMARY OF WORK IN CONNECTION WITH THE LAW ON PUBLIC HEALTH, 1934, AS AMENDED.

One thousand four hundred and forty-six plans were submitted for examination and one thousand two hundred and fifty-five were approved.

Forty-nine plans were, on report, rejected by Committee as being unsatisfactory.

The following table gives a description of the plans approved:—

	1957		1958
Houses	151	...	170
Bungalows	79	...	192
Flats	88	...	45
Offices	6	...	3
Garages and greenhouses	299	...	209
Shops	11	...	20
Alterations and additions	438	...	379
Hostels	—	...	1
Workshops and stores, sheds, etc. ...	92	...	99
Miscellaneous plans	160	...	165
Restaurants	—	...	1
Classroom Blocks	2	...	1

Three hundred and seventy-six dwelling houses, bungalows, flats, etc., involving eighty-two new connections, directly or indirectly to the main sewers.

Another two hundred and eight were to be drained to modified sewage disposal plants. Of this number eight connections were made to sewage treatment plants.

Year after year the number of plans having to be vetted under the 1934 Law on Public Health increases, in 1935 there was a total of 457, the immediate post-war year 1946, the number received was only 208, now it has risen to 1,446 which is a very great responsibility of organisation, this has been accomplished with the good-will and co-operation of Architects, Contractors and applicants which has been of great assistance and made this part of our work easier.

MAIN DRAINAGE SCHEME.

A marked feature of recent years has been the repercussions upon this Department of the Drainage Scheme.

Where for practically a hundred years sewer work was a matter of minor activity, the picture has been rapidly transformed to one of intensive work on a very large scale.

The implications of this sudden change have been considerable, and the public health inspectors have been heavily committed dealing with the many problems of organising new, and adapting existing drainage, on all private property along the many sewers now being tackled.

Another big factor has been the change in sewer planning from the combined method to that of separation of soil and surface water, which change-over in existing development will in fact be a slow and steady process measured in decades.

As the trunk sewers are now reaching out towards heavily developed areas, such as St. Brelade's Parish in the west, and Maupertuis Lane/Green Island in the east, a considerable increase in this important public health work must be anticipated. Among the many drainage needs yet to be tackled, the sewerage of St. Brelade's, and of the east coast road to the Gorey outfalls, remain the dominant issues.

One long awaited end, that of clearing St. Brelade's Bay of sewage, should be achieved in 1959. Work organising private property in the Bay to that end is now in hand, keeping pace with the Sewerage Board road workings.

LICENSED PREMISES.

The following table gives details of inspections and improvements to these premises, including plans, where related to sanitary accommodation, etc.

1.	Number of premises dealt with.....	35
2.	Inspections and re-inspections	62
3.	Interviews with owners' representatives	13
4.	Additional water closets provided.....	7
5.	New urinals provided	3
6.	New drainage provided	8
7.	New bar sinks provided	4
8.	Water supply connected to bar sinks.....	2
9.	Wash basins provided.....	7
10.	Renewed sewer connections	2

The above table refers to premises holding a licence of the first, third and fourth categories only.

CLEAN FOOD.

The year brought forward no new problems but reinforced the concern with the "old faithfuls"—the difficulty of not being in by legal right at the continuing birth of new food premises, the acute problem of achieving a hygiene sense in the seasonal staff who ebb and flow through most of the cafés during the summer (in 1958 the weather produced an unbalance with town premises as full as beach cafés were empty) the scarcity of room, pressure on space, and lack of facilities in most shops, and the absence of an inspired approach to cleanliness in handling food, in many places. Publicity, education and a legal code should all be used to raise the standard.

General supervision was carried out throughout the trade, 120 inspections being made to catering premises, 199 to shops, food preparing premises, vehicles, kiosks, etc. Ice Cream sampling continued, similar results to last year being obtained.

UNSOUND FOOD.

Unsound food examinations numbered 136 and 508 certificates of condemnation for human consumption were issued, the total weight of 9 tons, 5 cwt. 87 lbs. being made up of:—

MEAT AND MEAT PRODUCTS.

1,987 lbs. ham.	490 lbs. pork slice.
165 lbs. jellied veal.	33 lbs. sausages.
1,577 lbs. tongue.	4,179 lbs. luncheon meat.
73 lbs. tender loin.	173 lbs. corned beef.
90 lbs. bacon.	85 lbs. rabbit.
681 lbs. cooking fat.	124 lbs. miscellaneous canned meat.

Weight : 9,657 lbs.

FRUIT AND VEGETABLES.

154 lbs. peas and beans.	373 lbs. tomatoes.
107 lbs. mixed vegetables.	2,709 lbs. canned fruit.
201 lbs. dried fruit.	232 lbs. peach and apricot
174 lbs. solid pack apples.	pulp.
144 lbs. plums.	414 lbs. cherries.
72 lbs. aubergines.	260 lbs. peaches.
605 lbs. frozen cauliflower.	21 lbs. carrots.

Weight : 5,466 lbs.

FISH.

74 lbs. mackerel.	70 lbs. brean.
205 lbs. fillets.	56 lbs. monk ffish.
112 lbs. smoked fillets.	56 lbs. bass.
175 lbs. smoked haddock.	39 lbs. crayfish tails.
30 lbs. herrings.	18 lbs. frozen herrings.
19 lbs. cod and herring	80 lbs. canned fish.
roes.	125 lbs. salmon steak and
28 lbs. winkles.	cutlets.

Weight : 1,078 lbs.

CHEESE.

1,629 lbs. cheese.	40 lbs. cheese spread.
Weight : 1,669 lbs.	

MISCELLANEOUS GOODS.

3 lbs. mussels in brine.	22 lbs. frozen whole egg.
26 lbs. evaporated milk.	29 lbs. fruit juice.
158 lbs. cereals.	2 lbs. pure cream.
48 lbs. chicory.	973 lbs. salad cream.
16 lbs. mayonnaise.	223 lbs. tomato ketchup.
111 lbs. spratts fish.	600 lbs. bulk macaroni.
21 lbs. ambrosia creamed rice.	555 lbs. pickles, etc.
128 lbs. mint sauce.	8 lbs. tinned soups.
12 lbs. mustard.	2 lbs. marmalade.
15 mixed chicken and salmon	1 tin dressed crab.
cutlets.	

Weight : 2,937 lbs.

PRODUCTION OF CLEAN MILK.

METHYLENE BLUE REDUCTASE TEST (Raw Milk)

Total number of samples taken 816

Five hundred and twenty-eight samples of morning milk were taken from farmers' cans at the collecting depôts and examined on the day of receipt. Four hundred and ninety-one or 93% were satisfactory, thirty-one or 5.9% were fair and six or 1.1% were unsatisfactory.

METHYLENE BLUE REDUCTASE TEST (Pasteurised Milk)

Two hundred and eighty-two samples of pasteurised milk were taken from roundsmen, milk shops and at the dairies, all of which proved to be satisfactory.

PHOSPHATASE TEST (Efficiency of Pasteurisation)

Two hundred and thirty-one samples of milk were taken at all stages from dairy to consumer and two hundred and twenty-eight or 98.7% were satisfactory, three or 1.3% were unsatisfactory.

Farm Inspections	43
Interviews	508
Inspections of dairies	113
Inspections of milk shops	192
Inspections of milk collection and distribution vehicles	142
Inspections of food premises	458
Visits to Bacteriological Laboratory	64
Visits to Analyst	76

FOOD AND DRUG SAMPLES.

Nature of sample.	No. of samples taken.	Genuine.	Remarks.
Milk ...	269	253	16 Not genuine. These were investigated and following samples found to be satisfactory.
Cream ...	27	24	3 Low fat contents by English standards.

FOODS :—

Seventy samples of other foods were submitted for analysis comprising :—canned meat—7 ; malt extract—1 ; olive oil—1 ; jam—9 ; cheese spread—2 ; liquid chocolate—1 ; dried powdered potato—1 ; crab paste—1 ; shrimp paste—1 ; bloater paste—1 ; meat paste—2 ; potted salmon—1 ; fruit—12 ; honey—3 ; fruit in syrup—3 ; vinegar—4 ; gelatine—1 ; pepper—2 ; tomato paste—2 ; flour—1 ; condensed milk—2 ; butter—4 ; buttered cheese—1 ; cheese compound—1 ; cheese and celery spread—1 ; plums in syrup—2 ; canned apples—1 ; blackcurrant drink—1 ; orange drink—1. Seven unsatisfactory (corroded tins)

DRUGS :—

34 samples were taken as follows :—

Nasal compound—1 ; tonic tabs—3 ; vitamin drink—1 ; nerve tonic—1 ; aspirin tabs—6 ; iron and yeast tabs—1 ; Beechams powders—3 ; yeast extract—1 ; halibut oil—1 ; vitamin tabs—1 ; insomnia tabs—1 ; mepabromate tabs—1 ; tranquilising tabs—1 ; energy tabs—1 ; camphorated oil—1 ; sedative powder—1 ; glucose tabs—1 ; tonic capsules—1 ; kidney pills—1 ; headache and cold pills—1 ; glycerin—1 ; cascara sagrada—1 ; chocolate laxative—1 ; castor oil—1 ; cod liver oil—1.

GENERAL IMPROVEMENTS TABLE.

The undermentioned figures are the result of complaints received and requests for advice on existing properties.

New connections to sewer	24
Renewed connections to sewer	61
Drainage systems remodelled.....	93
Modified sewage disposal plants installed.....	57
Soakaways built	35
Drains unchoked	42
Foul soakaways or cesspools abolished	26
Brick and old drains abolished.....	22

PLUMBING WORK.

New baths installed	81
New sinks installed	87
New wash-hand basins installed.....	114

IMPROVEMENTS TO SANITARY CONVENIENCES.

New water closets constructed	119
Foul privies and closets abolished	31
Miscellaneous nuisances abated	104
Drainage examinations.....	1

CESSPOOL EMPTIERS.

Three thousand four hundred and seventy-four septic tanks, soakaways, etc., a total of six thousand and twenty-three loads were emptied by the cesspool emptiers.

This represents an increase of five hundred and thirty-two jobs and one thousand and fifty loads on 1957.

The work of the cesspool emptiers continues to increase and at the time of writing this report they were working at full and overtime capacity. With the construction of new, and the modernising of existing properties in the country Parishes which have to rely on modified sewage disposal plants, it may be necessary in the future to acquire an additional emptier and personnel to cope with the work.

RODENT CONTROL OPERATIONS.

During the year one hundred and thirty-nine new complaints of pests of all kinds were inspected, which together with old recurring cases, entailed five hundred and eighty-two re-inspections and extra visits, destruction service being carried out on four hundred and ninety occasions. Thirty-six cases of spraying for cockroaches and flies were also dealt with.

Pocket concentrations of rats in sewers have been serviced as reported, the overall picture having the expected trend of driving the sewer rats out of the town, as sections of the new sewers are completed. Percentage of Rat Destruction Service (as apart from sewer manholes) over the last five years, are as follows :—

	Town.		Country.
1954	55.6%	.....	44.4%
1955	57.1%	.....	42.9%
1956	60.9%	.....	39.1%
1957	47.4%	.....	52.6%
1958	42.1%	.....	57.9%

PUBLIC HEALTH INSPECTORS' ASSOCIATION
CONFERENCE.

As your delegate, I attended the above Conference held at Blackpool, and would like to take this opportunity of thanking you.

L. HAMMOND,
Chief Public Health Inspector.

REPORT OF THE HEALTH VISITOR—1958.

FOSTER CHILDREN.

Total number of registered foster homes	78
Total number of new permits issued.....	16
Total number of foster children in registered foster homes on 1st January 1958	85
New children boarded out during the year	42
Children ceasing to be foster children during the year.....	42
Total number of foster children in foster homes on 31st December 1958.....	85

REASONS FOR CHILDREN CEASING TO BE FOSTER CHILDREN DURING THE YEAR.

Returned to parents	33
Over age (14 years)	5
Transferred to Institutions :—	
(a) Girls' Home	1
(b) Sacré Cœur.....	1
(c) Westaway Crèche	1

AUTHORITIES RESPONSIBLE FOR THE PAYMENTS OF THE CHILDREN STILL UNDER CARE, AS FOLLOWS :—

Parents and relations	43
Parishes	40
Parishes and parents.....	2

ALIEN CHILDREN FOSTERED OUT.

Approximate applications	24
Number already fostered out on 1/1/58.....	8
New ones fostered out during the year	14
	—
	22

ADOPTIONS.....	1
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BOARDING-OUT OF AGED AND INFIRM PERSONS

	Male	Female	Total
Number of elderly and infirm persons boarded out on 1st January 1958	19	11	30
Number of new persons added during the year	4	10	14
Number of persons removed during the year	6	3	9
Number of persons boarded out on 31st December 1958	17	18	35

CAUSES OF REMOVALS DURING THE YEAR

	Male	Female	Total
Deaths	4	—	4
Admitted to Hospital	1	—	1
Admitted to Institution	—	3	3
Returned to own home	1	—	1

SARAH COTTLER, S.R.N.,
Health Visitor.

REPORT OF THE SUPERVISOR OF THE OCCUPATION CENTRE—1958.

During the past twelve months, the Occupation Centre at Savile Street has become established and the number of children has increased from twelve to twenty.

It has been an eventful year—two children having been admitted to schools for normal children, one to St. Clement's and the other to St. Luke's.

One other boy has left, as he became too big for Maison de La Martine and has been admitted to St. Saviour's Hospital.

We have performed a little Nativity play and had a small sale of work and also received some orders for more work which the children are working on now.

My main difficulty has been transport to bring the children in from the West side of the Island, but this has now been remedied and an ambulance is available for the use of the Centre. We are also rather cramped for space as we have no playground and Physical Education is a very difficult subject to take owing to the lack of room.

The children however, are very happy and well behaved and are progressing individually and in their own time. I am very grateful for the hospital transport and the help from Miss Findlay and for the support of my Authority and the Committee, who are always ready to listen most patiently to my appeals for help and who take such an interest in the children.

I have had Miss Miller's full co-operation since I have been here and she has given her best to the children and to me.

(MRS.) M. ABBOTT,
Supervisor.

CONCLUSION

The good work carried out by the District Nursing Associations and the Jersey Maternity and Infant Welfare Centre continues.

The care of the aged is assuming more and more importance and demands more co-ordination of the various services being provided by different agencies. A comprehensive survey of the total needs of the Island in this respect and the way in which these needs are or are not being met, is overdue and I hope will be included in next year's report.

In conclusion, may I express my appreciation at the loyal co-operation and help received from my staff.

A. S. DARLING,
Medical Officer of Health.